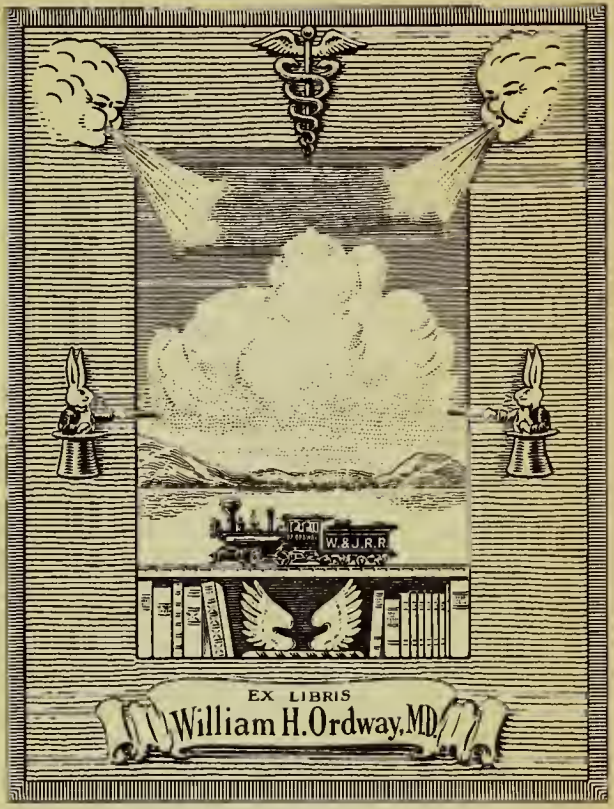
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# CONSUMPTION

OF THE LUNGS,

OR

# DECLINE:

THE CAUSES, SYMPTOMS, AND RATIONAL TREATMENT.

WITH

THE MEANS OF PREVENTION.

BY

T. H. YEOMAN, M.D.

REVISED

BY A BOSTON PHYSICIAN.

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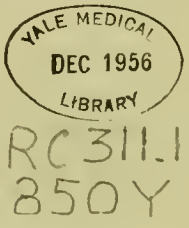




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# PREFACE.

THE nucleus of this small volume was a series of papers, published in 1847, in a London periodical of considerable circulation. Since that date, many applications have been made to the publisher and to the author for the articles in a collected form.

In thus presenting his work to the public, the author ventures to add, that daily and extensive practice in the treatment of Consumption enables him to express earnestly, but not arrogantly, the confidence he reposes in, and the success which has attended, the rational treatment he advocates for the amelioration and prevention of this melancholy and pitiless disease.

# PREFACE

## BY THE AMERICAN EDITOR.

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The simplicity, good sense, and practical character of this little work have induced the publishers to issue an American edition. In regard to a disease which is so fatally interesting to a large portion of mankind it is desirable that correct ideas should exist so far as the present condition of medical science can furnish them. Its insidious approach, the uncertainty of its earliest indications, its slow progress and fatal termination in so large a proportion of cases, renders it peculiarly open to the treacherous promises of Quackery, and renders people distrustful of the aid which science can afford. To give to the popular reader a knowledge of the true nature of the disease, a general idea of its history, course, and terminations, of the habits of life which tend to develope or to check it, together with those remedies which on the whole have been found most useful to mitigate its symptoms, or to stay its progress, has been the aim of the author. And in this he has been most eminently successful.

There are few evils in this world so inevitable that people will sit patiently down and await their approach without a struggle to avert them. When science says that it can do no more, or it is obvious that all its attempts fail, the sick man will turn to the first delusive hope which is presented to him, no matter under how absurd or offensive a shape it is presented. Of this trait in human nature, quackery avails

itself, and is often the occasion of as great suffering as the disease, the more so that it is unnecessary. By leading the public to a correct understanding of the disease they will be made to comprehend the difficulties with which the medical man has to contend to know how much and what kind of aid they are to expect, and to see that if they do not get the benefit which they hoped for from intelligent and educated men of the profession, it is not to be found in the specious pretensions of charlatanism. It will establish confidence in the opinions of medical men, and save many an unhappy sufferer from tormenting himself or from being tormented by others with treatment which can never avail.

*Boston, November*, 1850.

# CONSUMPTION.

CONSUMPTION, DECLINE, or PHTHISIS, is the plague-spot of our climate; amongst diseases it is the most frequent and the most fatal; it is the destroying angel who claims a fourth of all who die.

Does the individual exist who has not some special interest in every attempt to arrest its ravages? Is there a family without anxiety, lest some loved relative or connection should fall a victim to its ruthless arm?

I have reason to believe that the nature of consumption is, at this day, but little understood by the non-professional public, who, it might be supposed, have an all-sufficient cause for obtaining every information concerning the disease: until within the last few years—until the immortal Laennec made his important discoveries—it was imperfectly or incorrectly understood by the medical public. Cullen, the great nosologist of the last generation, considered it as a sequel of hæmoptysis (spitting of blood); and others, that it was a disease of inflammation, or a result of inflammation. The latter is the popular, but errone-

ous, opinion at the present time ; I anticipate what I shall presently demonstrate, and say, that *without* the germ of the disease be already deposited in the lungs ; *without* the germ of the disease be inherent in the system; *without* the system be pre-disposed to the disease, inflammation after inflammation would never induce tubercular consumption: in other words, inflammation can never cause consumption in a healthy constitution.

What is it, then, that renders hundreds of thousands of our fellow creatures of an "unhealthy constitution," as regards this disease ? It is *scrofula*, or, as it is termed in reference to phthisis, tubercle, or tuberculous disease.

## TUBERCLES.

Tubercles are peculiar morbid or adventitious matters, deposited in the substance of an organ, foreign to its normal or natural structure ; depending upon unnatural secretion, or imperfect nutrition ; and terminating in the wasting or destruction of the organ. They exist not only in the lungs, but also in the glands of the mesentery, the mediastinum, the neck, and the groin ; and sometimes they are discovered in the heart, the liver, and the uterus ; in fact, in every part of the body that is capable of being affected by scrofula.

It is upon the condition and progress of these tubercles that the different stages of consumption depend,

and by their advancement or arrest the symptoms are influenced and regulated. I shall, therefore, endeavor to describe, in the most simple language, the career of tubercles of that form in which they are more frequently found in the lungs, namely, *miliary tubercles;* and in doing so I shall notice them as they exist at three different periods, or stages.

In the *first stage*, these adventitious deposits are in the form of a small round body, similar to a millet seed, of a gray color, and nearly transparent; they are firm and gritty to the touch, but, if pressed between the fingers, they crumble, or break down, like a morsel of dried mortar, or dried putty; they are strongly adherent to the structure of the lungs, and are more commonly found in the cellular texture, or loose tissue which separates the bronchial, or air, cells from each other. In number they may range from four, or six, to twelve, to as many thousands; I have made many examinations in which they were so profusely studded, that dividing the lung with a knife, gave the feeling of cutting through friable earthy matter, rather than the soft, yielding structure of ordinary lung. According to Thenard's analysis, they consist of

| | |
|---|---|
| Animal matter, principally fibrine and gelatine . . | 98.15 |
| Muriate of soda, phosphate of lime . . . . . | 1.85 |
| Oxide of iron, a few traces. | |

In the *second stage*, they have increased considerably in size, by additions to their external surface; and,

as far as my own observations have gone, the fewer they are in number, the greater size are they capable of acquiring, so that sometimes they attain the size of an almond: their color also undergoes a change, and they now assume, especially at the centre, a yellow tint, which gradually spreads towards the whole circumference. As they increase they become more closely approximated to each other, and, by successive growths or crops, which spring up between the interstices of the more matured tubercles, that part of the lung in which they are situated is studded with large, yellow, irregular-shaped masses, of a hard and firm character.

The *third stage* is the period of *softening*. A tubercle never stops in the second stage; it must advance, it must soften, it must liquify; it becomes resolved into a thick yellow pus, not unlike cream, which sometimes contains more solid particles, similar to ripe cheese, or curd: when the whole is softened, it bursts into a neighboring bronchial tube; it is expectorated by cough, and of course leaves a *cavity* in the lung, technically termed a *tubercular excavation*. Two, three, or more of these tubercles, contiguous to each other, may happen to ripen simultaneously, and run into each other; and thus, as their contents are expectorated, a still larger cavity is formed, which is called a *vomica*. Nature will here sometimes make an effort to repair the destruction, or at least to arrest it, by an attempt to close and unite the opposite sides of the excavation by a *cicatrix*, or scar, and thus obliter-

ate the seat of decay.* But can we expect that all will thus favorably terminate? It is not one crop, or one generation of tubercles that we have to encounter; in the same lung we may have them, at the same time, in every stage; and as one ripens, so will the other advance.

To make the progress of tubercle better understood, we will take an illustration which is probably familiar to all, namely, the glands of the neck in a person of a scrofulous habit. We frequently see them, in children and young people, enlarged and projecting: by bad diet, by exposure to cold, and a thousand other causes which will arouse the dormant disease, they become red and tender; they increase in size, and are inflamed; presently they become softer, and fluctuate on pressure; afterwards they *point*, the skin ulcerates, and ultimately they burst; they then discharge their contents, which is softened tuberculous matter, and as the constitution improves, they gradually heal with an irregular scar. We have all, perhaps, seen several of these glands similarly affected, either at the same time, or one rapidly succeeding to another, and we have then noticed that the inflammation and the pain is not confined to the immediate vicinity of the glands, but that the disturbance spreads around the whole neck

* Sometimes a very considerable cavity is formed. The tubercular matter is discharged. The substance of the lungs for a line or more in thickness around the cavity becomes solidified. A false membrane lines the interior. The process of disintegration is arrested. And the individual although subject to occasional embarrassment, enjoys a tolerable degree of health through a long life.

and to the neighboring parts. One after another, abscesses form and burst, until pus is dripping from innumerable points; at length the whole adventitious matter is discharged; wide and deep openings are left, the edges of which are hard, thick, and indolent; nevertheless, as the health of the patient improves, so we may hope to close the wound, and in time it heals by a cicatrix. Here we have the progress of scrofulous tubercle in a part not essentially vital, from which we may trace the progress of tubercle in that vital organ, the lungs.

A tubercle, like an egg or spawn in the animal kingdom, or a seed in the vegetable kingdom, possesses within itself a principle of life, which requires only favoring circumstances to develope and mature. A congenial soil and atmosphere is to the grain of wheat discovered in the cerements of an Egyptian mummy, what "a cold," "a pleurisy," is to tubercle; wanting this soil and this atmosphere, the grain would never vegetate; wanting an *exciting cause*, the tubercle may remain undisturbed and unmolesting for years—forever: without the seed, we could not have the plant—without tubercle, we cannot have consumption.

Because an individual has a tuberculous nucleus in a gland of the neck, it does not follow, as an absolute and invariable consequence, that it will undergo the inflammation, the ripening and evacuation I have just described: by attention to the health, by counteracting every approach of disease, by removing every thing likely to prove an exciting cause, the germ of disease

in the neek may remain dormant for ever, or be entirely removed. So it is with eonsumption. But let other disease irritate the system, eneourage and foster the development of the germ in the gland, add exeiting eauses to the latent eause, and the gland will enlarge, will inflame, and go through the stages of softening and diseharging. So it is with eonsumption. We may sueeessfully *prevent* that which we ean seldom hope to eure.

## THE CAUSES OF CONSUMPTION.

The eauses of tubercular eonsumption eome under two elasses: first, the *remote*, or predisposing eauses; seeond, the *exciting* eauses, or those whieh eall the predisposition into aetion.

*Hereditary transmission* is the chief REMOTE eause. It is as eertain that ehildren inherit the diseases of their parents, as that they resemble them in feature and in eharaeter. In proportion to the development of the tubereulous disease in the father and mother, will be the disposition to the same affeetion in the offspring. In some families we oeeasionally find the elder ehildren healthy, whilst the younger are born with tubereulous disease already established, or with a predisposition to aequire it, in eonsequenee of the tubereulous affeetion having beeome, in the progress of time, and by the aetion of exeiting eauses, developed and matured in the parent.

Any disease and any eireumstanee whieh can dete-

riorate the health of one or both parents, materially influences the health of the child yet unborn; thus many persons acquire a predisposition to consumption from their parents, although the latter may attain an advanced age without evincing any symptoms of pulmonary disorder.

Indigestion, some cutaneous affections, syphilis, anxiety, grief and the depressing passions, intemperance or irregular mode of life in the mother, with insufficiency of proper nourishment during pregnancy, are all capable of inducing a scrofulous habit, and, as a consequence, a predisposition to consumption: that which was bad general health in one generation, is frequently converted into tuberculous disease in the succeeding one.

A peculiar formation of body, as distorted spine, narrow chest, and high shoulders, must also be considered a remote cause; and every pulmonary affection occurring in persons thus shaped, should always be looked upon with suspicion, even in the absence of hereditary predisposition, or more decided exciting cause.

The question will probably occur to many—can a child, born of healthy parents, free from scrofulous taint—can he in after life become affected with tuberculous disease?—that is, can tubercle *originate* in him? It can. By the combination of many circumstances, which will be noticed under the head of exciting causes, a morbid state of the system is established, which induces and favors the deposit of tubercu-

lous matter ; and, by the continuance of these or other exciting causes, he may fall a victim to consumption, and be the first of his race who has suffered by the disease. If a child, born of robust, healthy parents, free from all suspicion of disease, be insufficiently or improperly fed, or nursed by a woman whose milk is incapable of affording a sufficient quantity of nourishment, and if this child be confined in a dark, unwholesome apartment, wallowing in dirt and uncleanness, tuberculous disease will, in all probability, be established: the abdomen will become large, hard, and tense, like a drum ; the limbs will emaciate, and the child waste and suffer from all the symptoms of mesenteric disease: if the child live through infancy, in it the germ of tubercle is deposited ; it has acquired a scrofulous habit. This is only one of the many illustrations which might be cited of tubercle being originally generated.

The peculiarities of frame and appearance which mark a scrofulous or tuberculous habit, although not constant, are yet so characteristic of a dormant liability to consumption, that the occurrence of what may be an exciting cause in individuals so constituted should be sedulously guarded against. The tuberculous diathesis is usually associated with a smooth, fair, and delicate skin ; a rosy countenance ; light-colored, or reddish, fine hair ; bright blue eyes ; long eye-lashes ; dilated pupils ; a thick upper-lip ; a narrow chest ; a weak voice ; a slender form, with high shoulders ; the fingers slender, but the knuckles and joints large and

"clubbed;" the veins prominent; the teeth white and clear; and, in general, there is great mental sensibility and constitutional irritability. It must be borne in mind that persons who are the very opposite to this description are not exempt from a predisposition which may be nursed into disease. Consumptive patients frequently have a dark complexion, and black hair.

At the risk of being tedious, I will recapitulate. Tubercle is the seed of the disease; it may be hereditary—it may be acquired; an individual may possess undoubted signs of its existence—he may have the scrofulous diathesis strongly marked—he may have lost brothers and sisters, father and mother, by the disease, and yet he, by preventing the germination of this seed, may escape. It, therefore, behooves such an one to avoid the thousand circumstances which may act as a hot-bed in ripening this seed; some of which I now proceed to notice.

Exciting Causes.—Many exciting causes, when acting together in early youth, as improper diet, impure air, deficient exercise, insufficient clothing, and the absence of cleanliness, readily become a *remote* cause, capable of engendering the disease. *Food* which is not sufficiently nutritious, and food that is too rich and stimulating, are alike hurtful: the former does not furnish an adequate supply of nutriment to support the body in health and strength; the latter excites and irritates the digestive organs, and produces indigestion,—one of the most frequent and active agents in exciting consumption.

Pure *air*, and plenty of it, is the basis of health: if impure in quality, it irritates the delicate structure of the lungs, and impedes respiration: when fresh air is insufficient in quantity, it is unable to assimilate the chyle, or nutritious element of food, during its circulation through the lungs. A prolific source of disease is found in the practice, too frequently unavoidable, of many persons sleeping in the same chamber; also in the confinement of many persons in small, ill-ventilated rooms, as we sometimes find in workhouses and schools, and too frequently in factories, where, as well as breathing a vitiated atmosphere, the body is restrained in one constant and unnatural position.

*A sedentary life* in youth arrests the growth and proper development of the body; in mature age, it impedes or disorders every function. Statistics clearly prove that the disease is more prevalent in cities and manufacturing towns than in the rural districts, where the population has plenty of exercise in the open air; and that it is more prevalent amongst clerks, tailors, shoemakers, and watchmakers, than it is amongst sailors, carpenters, and others whose occupation is active. The want of exercise is an exciting cause of consumption, which is constantly overlooked or misapprehended even by the most anxious parents: under the dread of *fatiguing* a delicate child, they restrict him or her to unnatural and unhealthy quietude; and this incorrect idea is zealously carried out at fashionable, and too frequently *finishing*, boarding schools, where every movement is regulated by rule; and the time that

should be devoted to a skipping-rope or a foot-ball, is sacrificed to Berlin-wool, or the *forcing* system of some Dr. Blimber. Fathers should remember the words of Rousseau, who says, "Nature intended that children should be children before they were men. . . . I would as soon require a child to be five feet high, as to display judgment at ten." Mothers should learn that, "Beauty, like other flowers, needs exposure to the air and to the light of the sun." And both should remember that—

"So wise so young, do ne'er live long."

*Clothing* which is insufficient to keep the body at a proper warmth, must always favor disease, especially pulmonary disease; in our climate, which is so liable to frequent and sudden vicissitudes of temperature, too much care cannot be given to the maintenance of a healthy and uniform warmth. The most injurious effect of cold on the respiratory organs is when it suddenly alternates with warmth. Fashion should be subservient to health; and, with some little care, the one would lose none of its attractions, and the other would attain continued ability for enjoyment. Nothing can be more hazardous than the too common practice, during the inclemency of winter, of women, who in the daytime are clad in a Siberian costume of furs and shawls, exposing themselves at night in muslin or gauze, to the cold air of lobbies, passages, and damp pavements, immediately after being heated by exercise in a crowded

ball-room, or inhaling the warm atmosphere of a theatre.

A constant cause of disease in females is "tight-lacing," by which the contents of the chest and abdomen are compressed into a most unnaturally small compass. The corset is a most barbarous piece of armor, which cabins, cribs, and confines the feminine proportions of women in an unnatural form, and, in the place of natural symmetry, exhibits artificial deformity. Imagine the Venus de Medici reduced to a spider waist by a pair of stays!

*Personal cleanliness* is a duty we owe to ourselves and to those with whom we associate; it is a means of preserving health within the reach of all, and its importance will be admitted when we consider that the skin is constantly producing perspiration and unctuous matters, which readily mix with the dust and fine particles floating in the air, and which, if allowed to collect and remain on the surface of the body, form a coating that closes up the pores of the skin, prevents its healthy action, and gives to disease another ally.

*Intemperance* in the use of spirituous and fermented liquors is one of the most prolific causes of consumption: when acting, as too frequently happens, in conjunction with bad, innutritious diet and insufficient clothing, whereby the body is excited and stimulated, not strengthened and protected, habitual intemperance is capable of becoming a remote cause, or the originator, of tubercles, as well as the ever-ready agent to hasten their development, should they already exist.

The blanched, emaciated countenance of the dram-drinker faithfully corresponds with the diseased condition of his internal organs; and it may occur that an attack of that dreadful malady, *delirium tremens*, gives more decided evidence of the mischief and destruction effected on the nervous system. The dire effects of this debasing habit are not confined, unfortunately, to the drunkard himself; his progeny suffer, perhaps, in a still greater degree, and the frequency of tuberculous disease in the children of dissipated parents is a fact which can be confirmed by every physician of experience.

Surrounded by all the temptations to err which on every side allure the inexperience and indecision of youth, it cannot occasion surprise that—

> "Some begin life too soon,—like sailors thrown
> Upon a shore where common things look strange."

Dear is the price hereafter to be paid for this precocity; imprudence or excess may be indulged in while strength and youth have the power to neutralize the immediate effects of folly; but, when these are exhausted, and disease turns the balance, rapid is its onslaught, and, it may happen, decisive the victory.

*Change of temperature* directly affects the respiratory organs, and conveys an exciting cause to the very seat of tubercle; we, therefore, find consumption most general and most fatal in climates that are subject to sudden alternations from heat to cold; and Great Britain

ranks the first in this unenviable position. In those climates where the atmosphere is uniform, whether it be cold or hot, as in Russia and the Western Indies, consumption is comparatively rare; whilst in England it carries off about one-fourth of the inhabitants; in Paris, about one-fifth; and in Vienna, one-sixth. As well as by those rapid climatorial variations which are native to our soil, the disease is nurtured by our own carelessness: this carelessness is directed rather to the effect than to the cause, for we constantly meet with persons who dread "catching cold," and use every precaution to avoid doing so, and yet they take no heed of the cold when it is "caught." The man who will not have his hair cut on an inclement day, lest he "take cold," will, nevertheless, allow a cold and a cough to distress him for weeks without adopting any effectual means of removing it.

I do not remember having read a more forcible admonition on the necessity of attending to "a slight cold," than that written by the author of "The Diary of a late Physician." The value of the advice, and the vigor of the language, will be an adequate excuse for the extract:—"Let not those complain of being bitten by a reptile, which they have cherished to maturity in their own bosoms, when they might have crushed it in the egg. Now, if we call a slight cold 'the egg,' and pleurisy, inflammation of the lungs, asthma, *consumption*, the venomous reptile, the matter will be no more than correctly figured. There are many ways in which this 'egg' may be deposited and

hatched. Going suddenly, slightly clad, from a heated to a cold atmosphere, especially if you can contrive to be in a state of perspiration—sitting or standing in a draught, however slight—it is the breath of death, reader, and laden with the vapors of the grave. Lying in damp beds, for there his cold arms shall embrace you; continuing in wet clothing, and neglecting wet feet; these, and a hundred others, are some of the ways in which you may slowly, imperceptibly, but surely, cherish the creature, that shall at last creep inextricably inwards, and lie coiled about your vitals. Once more, again,—again—I would say, ATTEND to this, all ye who think it a small matter to neglect a SLIGHT COLD."

*Mental emotion and the passions*, especially those which are depressing, exert a decided influence in arousing tubercles from their lair. The effect of mental affliction instantly overthrows the whole economy of the system; an agonizing sense of oppression and tightness is experienced in the neighborhood of the heart and lungs, accompanied with a dreadful feeling of impending suffocation. If the sorrow be un-removed, if the heart be uncheered by hope, this disturbance continues, the health sinks under the oppression, and the mind falls into despondency. In the downfall of long cherished hopes; in the bereavement of a loved parent or friend; in disappointed ambition; in the reverse of fortune; in slighted affection; in fact, by all that "maketh the heart sick"—affliction of mind is

a constant "worm i' th' bud," that preys on the health, and accelerates the progress of consumption.

A frequent exciting cause of phthisis in young persons may be traced to a deep and settled despondency, consequent on a separation from the happy scenes and associations of home. This has been termed *home sickness*—"the piercing anguish hid in gentle heart;" —(the *heimwehr* of the Germans, the *maladie du pays* of the French). Whenever the sufferer from such a cause be of frail or delicate constitution, the danger will be greatly enhanced.

Intense application to study, which involves loss of sensorial power and exhaustion of the nervous system, together with sedentary habits, imperfect digestion, and constipation, is another mode in which the mental powers affect the health. One, from among the many victims of consumption hastened to an untimely end by severe mental application, was Kirke White—he who, whilst in the grasp of the destroyer, sang,—

> "Gently, most gently, on thy victim's head,
> Consumption, lay thine hand! Let me decay
> Like the expiring lamp."

*Rapid growth* is, in many instances, the harbinger of this disease, as it is always attended by debility in consequence of inadequate nutrition: the progress of development in the frame being more rapid than the elimination of the required nourishment, the body grows without being matured, almost without being perfected. Richerand relates a case of this kind that

terminated fatally, the individual having grown more than an English foot in a year.

Several *occupations* which produce mechanical irritation of the lungs, greatly quicken the development of tubercles: this mechanical irritation is excited by inhaling an atmosphere loaded with minute particles of dust or powders, as happens to sawyers, millers, starch-makers, flax-dressers, weavers, feather-dressers, and artizans similarly engaged. These employments, however, are harmless when compared with others in which the dust is of a deleterious nature, as it is in the manufacture of cutlery and the grinding of metals. The mortality amongst needle, edge-tool, and gun-barrel grinders, is excessive; and Dr. Johnstone, of Worcester, informs us that the former seldom live to be forty. Mr. Thackerah gives a similar account of the early fatality of such employments in Sheffield, where the disease, so induced, is known amongst grinders by the name of "pointers' cough," or "grinders' rot."

Sedentary employments, and confinement in a particular position, are most injurious to those who have any predisposition to the disease: literary men, lawyers, artists, clerks, watchmakers, jewelers, tailors, shoemakers, and others similarly engaged, add more than their proportionate quota to the lists of mortality from consumption. Public speakers, clergymen, readers, singers, performers on wind instruments, and others who strain or over exert the vocal organs, are also liable to pulmonary disease.

Some avocations appear to enjoy considerable im-

munity from consumption ; butchers, in particular, are seldom consumptive, and the disease is rarely found in soap-boilers, glue-makers, fishermen, and fishwives.

Many diseases, especially those which affect the pulmonary organs, have a peculiar tendency to excite consumption: catarrh, bronchitis, and inflammation of the lungs, frequently give an impulse to the more serious and fatal malady. Fever, when occurring in a person of tuberculous constitution, acts in like manner. The eruptive fevers, as measles, small-pox, scarlet fever, frequently induce some subsequent disorder of the system, and in many instances that disorder is phthisis. Nervous debility, produced by irregularity and excess ; indigestion, which implies deficient nutrition and constant irritation of the whole body, are never-failing causes ; worms, or any thing capable of exciting habitual irritation in any part of the alimentary canal, readily induce a sympathetic action in the lungs. The tendency of syphilis to produce consumption has been noticed by almost every writer, from the time of Bennet (1654). The remedy—the specific—for the syphilitic poison—*mercury*, when used so as to affect the system, possesses the same dangerous property, and in persons of a delicate or scrofulous constitution its employment demands the greatest caution and circumspection. Certain profuse discharges, as long continued diarrhœa, diabetes, menorrhagia, fluor albus, bleeding piles, &c., may, with sufficient reason, be included amongst the exciting causes.

The imprudent practice of young and delicate moth-

ers suckling their children, as some do, for twelve or fourteen—nay, some eighteen months, or two years, is most reprehensible, and dangerous, alike to themselves and to their offspring.

It must not be supposed that these exciting causes act injuriously in every case, or that one alone is always sufficient to foster the disease; but we may be assured that whatever tends to debilitate the constitution, whatever interferes with the proper nutrition of the frame, and whatever depresses the vital powers, will always accelerate and favor the production of tuberculous disease.

The opinion at one time prevailed that consumption was contagious; but the experience of modern physicians goes far to prove that it cannot be so propagated; it is, nevertheless, highly imprudent for a healthy person to occupy the same bed, or to sleep in the same chamber, with a consumptive patient.

## THE INFLUENCE OF AGE ON CONSUMPTION.

Pulmonary consumption is a disease of all ages; yet how frequently is the poignancy of its attack tempered by the season of its visitation. It is not the infant—the child to whom life and its endearments, its ties of affection, its dreams of honorable ambition, are yet unknown or unappreciated; it is not the decrepit man who is steadily advancing to that bourne to which the course of time leads us all, who is satiated alike with

the cares and the troubles, the joys and the delights of life,—but it is youth bursting into manhood,—it is man in the perfection of his strength, in the zenith of his intellect, in the enjoyment of love, honor, and fame, on whom it lays its fatal grasp. For its victims, how frequently does it claim those to whom existence displays the brightest future of usefulness and happiness —the young, the beautiful, the intellectual! how frequently do they hold life on its frailest tenure! The youth entering the busy world; the girl gushing into the loveliness, the tenderness of woman; the husband striving to maintain an infant family; the wife cheering, encouraging and directing his efforts; the toiler who has just surmounted the difficulty of obtaining a maintenance; the aspirant within the reach of the pinnacle of his ambition: these,—these are the victims of consumption.

In the chamber of the rich, surrounded by all the comforts and luxuries that wealth can procure, that refinement can suggest, that medical skill can direct—in the damp, dark chamber of poverty, where the requirements of sickness are unknown, where the necessaries of life are stinted, consumption steadily and surely pursues its way, and desolation of heart, of home, of hope, follows in its path.

The period of life at which phthisis is most frequent, has been a subject of inquiry since the earliest times. The Greek physicians held it a common doctrine that it rarely occurred before fifteen, or after thirty-five, and the results of recent investigations differ but little

from this statement. Dr. Woolcombe, however, of Plymouth, has published a table of seventy-five deaths, ten of which took place before the age of fifteen, sixteen between fifteen and thirty, and forty-nine above the age of thirty. Dr. Alison, of Edinburgh, states that fifty-five deaths occurred in the practice of the New-town Dispensary in two years; eight of which occurred before fifteen years of age, thirteen between fifteen and thirty, and thirty-four after the age of thirty. The most satisfactory information is obtained from the investigations of M. Louis, who gives the following table of one hundred and twenty-three cases:

| Age. | Deaths | Age. | Deaths. |
|---|---|---|---|
| From 15 to 20 | 11 | From 40 to 50 | 23 |
| " 20 to 30 | 39 | " 50 to 60 | 12 |
| " 30 to 40 | 33 | " 60 to 70 | 5 |

I have now before me a list of sixty-four cases which were under treatment in January, 1847, and I find that,

| | |
|---|---|
| From 12 years of age to 20, there were under treatment | 14 |
| " 20 . . . . . 30 | 24 |
| " 30 . . . . . 40 | 12 |
| " 40 . . . . . 50 | 10 |
| " 50 . . . . . 60 | 4 |

In this number (sixty-four) three deaths occurred during the month, at the ages of twenty-three, twenty-five, and thirty-six.

On reviewing all the tables, we may come to the conclusion that the development of consumption gener-

ally happens between the ages of eighteen and thirty-five.

## THE SYMPTOMS OF CONSUMPTION.

The progress of consumption is dependent on the progress of the tuberculous deposit in the lungs; therefore, in deseribing the symptoms, I shall endeavor to place them in relation with the *physical signs*, or those whieh may be deduced from the employment of the stethoseope—*sounding the chest*, as it is popularly termed—and thus eonnect the external and observable symptoms with those ehanges and alterations which, we are taught by morbid anatomy, are going on in the structure of the lungs.

With this view I shall eonsider the symptoms under three stages, eorresponding with the three periods of tubercles already described: thus, the first stage eorresponds with tubercles in their crude state; the seeond stage, with that of "ripening;" and the third and last stage corresponds with the period when they have softened, are coughed up, and cavities or excavations are formed in the lungs.

### THE FIRST STAGE.

It sometimes happens that the local and funetional symptoms are so obscure or doubtful, that the existenee of consumption in the first stage of the disease eannot be detected with certainty; in fact, they may give so

little uneasiness or anxiety to the patient, that he may be unconscious of any great departure from his ordinary health until the disease is far advanced, and the case has become desperate. In other instances, the symptoms are so prominent and so characteristic as to attract the attention of the most careless observer.

The symptoms and signs are materially modified by the age, strength, habits, and peculiarities of the individual: some may be altogether absent, others may be irregular, and all may vary in the degree of intensity. Although the symptoms in the first stage are usually obscure, and it is difficult to detect the real nature of the disease, we should always suspect the presence of consumption when we know there is hereditary predisposition; when we find a cough continue for some length of time, inducing increasing debility and emaciation; and especially when the invalid bears the appearance of a scrofulous constitution.

The commencement of consumption is slow and insidious; there is seldom any pain in the part most affected to direct the attention of the patient to his malady. After some slight exposure to cold, or other exciting cause, he feels an uneasiness at the back part of the throat, which induces a hard and dry cough: without being very troublesome the cough continues, and is soon accompanied by a trifling expectoration of frothy mucus, without color and without consistence, as in common catarrh. Presently the cough becomes more frequent and more decided, particularly in the morning on getting up, and at night soon after retiring to bed.

The expectoration is now transparent, but more tenacious, almost ropy; any little exertion during the day, as walking fast, or going up stairs, is sufficient to bring on a fit of coughing, and with it quickness of breathing, attended with some degree of oppression at the chest. The patient soon becomes sensible of unusual languor; he is readily fatigued, and finds his strength unequal to his customary labor or exercise; he breathes with some difficulty, and his respirations are shorter and quicker than usual; if he take a deep inspiration he is conscious of uneasiness, scarcely a pain, immediately beneath the collar bone, and this more frequently is felt on the right side.

The local disease now begins to implicate the general health; and, as the pulmonary symptoms advance, which they now do more rapidly than heretofore, the whole frame sympathizes with the chest affection. The pulse becomes quicker than natural, especially towards evening; the body is frequently chilled with a sudden rigor, or shivering, which is followed by increased heat of the skin, particularly at the palms of the hands and the soles of the feet, which, towards night, are hot, harsh, and dry. After midnight, the feverish heat is succeeded by a moisture; and, towards morning, the body is bathed in a profuse perspiration: the sleep is occasionally disturbed by a sharp attack of coughing, and the patient arises in the morning, relaxed and enfeebled.

The appearance of the invalid soon attracts the attention of his friends; the countenance loses its healthy,

rosy bloom, and at one time is pale and anxious, and again suddenly flushed with a blush of red; the eyes sparkle with unusual brilliancy; the hair grows long and damp; the body diminishes in bulk, and begins gradually to waste; the flesh loses its natural firmness, and is soft and loose; the spirits are dejected; the appetite precarious, and he is indolent, languid, and easily fatigued.

The patient may continue for a considerable length of time in the state just described; he may gain renewed strength to combat the exhausting effects of his disease; the further development of tubercles may be retarded by judicious remedial measures; the growth of this, the first crop, may be arrested, and he may be restored to such a share of health as to remove the alarm of his connections. But, alas! "the snake is scotched, not killed." By some accession of cold, the symptoms again return; again they may be subdued; and, thus battling with disease, life may be prolonged for years after the known and certain existence of that which at one time or other may prove fatal. Dr. Latham relates that he knew one patient in this state twelve—and another, twenty years.*

* Frequently early in the disease, almost always towards the close, the tubercular affection involves the larynx, or organ of voice. The voice is more or less affected, sometimes entirely lost. When it occurs early, before the symptoms of affection of the lungs are distinctly declared, it often occasions a delusive hope that this is all, and the attention is entirely turned in this direction. A distinction here is important. If the symptoms are owing to a simple inflammatory affection, although they may be obstinate in their resistance, they are eventually very

In other instances—rapid decline—the disease is not so controllable ; it assumes the mastery at the onset, maintains it, and conquers.

Before detailing the physical signs, it may not be irrelevant to give a short account of the stethoscope, an instrument which is as essential to the physician as is the compass to the navigator.

The stethoscope was invented in the year 1816 by Laennec, a French physician. It is generally made of cedar wood, of a cylindrical form, about ten inches long, about an inch broad, having a cylindrical perforation throughout its whole length, an expansion or cup at one end, and a flat surface at the other ; in effect, it is a wooden tube. Its use is to convey the sound emitted in the chest to the ear, and enable us to practice *mediate auscultation*—that is, listening to the sounds and movements of the heart, lungs, &c. We all know that when a person has a cold, and the bronchial tubes are loaded with mucus, the air rushing through them gives rise to a *wheezing* in the chest, or a rattle in the throat ; and if we apply the ear to the side of a person, we may hear the heart beat. It was left to Laennec to notice, and to turn to practical account, the indications thus afforded of the actual state

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sure to yield to treatment. If they are owing to tubercle, they almost as certainly go on to a fatal termination. These two classes of the affection usually go with the public, improperly, under the name of bronchitis, and are often uselessly very harshly treated, when a careful and intelligent observation of the symptoms would show that the affection of the larynx is only one feature of a much more grave disease elsewhere.

of the working machinery of our internal organs. At the time of his discovery he was physician to the Necker Hospital, in Paris, and in its wards he instituted a series of observations and experiments, first to ascertain the regular and healthy sounds which were elicited in natural, vigorous respiration and inspiration, and afterwards those alterations and changes which were caused by disease. The result of his experiments was, to use his own words, "a set of new signs of diseases of the chest, for the most part simple, prominent, and certain, and calculated, perhaps, to render the diagnosis of these diseases as positive and circumstantial as that of many affections which come within the immediate reach of the hand or instruments of the surgeon."

One of the first physicians who introduced the stethoscope into England, was my late respected teacher, Dr. Thomas Davies, who was the friend and pupil of Laennec during the time he was perfecting his discovery. Dr. Davies, on his return from Paris, where he paid much attention to the nature and treatment of pulmonary and heart affections, opened a class at his own private residence, which was attended by many practitioners in the metropolis, and from that period the value of the stethoscope has neither been doubted nor neglected.

*The Physical Signs* are obscure when the tubercles are small in size and few in number, and scattered throughout the substance of the lungs; when, however, many are accumulated together, and we apply

the ear to the chest whilst the patient is speaking, we shall find, at that particular part where they are situated, that the voice resounds in an unnatural manner, because the solid substance of the tubercles is a better medium for the conveyance of sound than the elastic structure of healthy lung. Wherever, therefore, the patient's voice can be most distinctly heard, there may we suspect the presence of tubercles. We may also detect an inequality in the sound of the respiration. At one part of the lung it may be soft and easy; at another part, where tubercles offer an obstruction, it will be found irregular and interrupted. By observing the motions of the chest during inspiration, we may sometimes discover one side more fully expanded than the other; and, when this happens, we may suspect the existence of tubercles on that side which is the more contracted.

### THE SECOND STAGE.

The symptoms now cannot be mistaken; whatever was doubtful in the first stage, is confirmed into a sad reality.

The cough, which before was only occasional, is now frequent and distressing; the expectoration is no longer a scanty, clear, frothy mucus, but is copious, and assumes a purulent, or muco-purulent character, which presents, on examination at different periods, some or all of the following appearances:—It is opaque, thick, and of a pale yellow color; sometimes it has a greenish

tint, and at others, it is dark, almost black: a portion may acquire a greater, even hard consistence, and be surrounded by a watery or whey-like mucus; it may be tinged with blood, or contain small specs or streaks of blood; small solid particles, or shreds, resembling curd, of a dead white, or straw color, varying in size, from a pin's head to a grain of rice, may be noticed floating or sustained, either in a cream-like, or a transparent fluid; sometimes the softened tubercles are coughed up in flakes. The expectoration, in some cases, is devoid of smell; in others, it has a faint fœtid odour; it is of greater specific gravity than water, and, when deposited in a vessel containing that fluid, mixes with it, or sinks to the bottom.

The cough, although constantly tormenting the patient, is seldom attended with any acute pain, except when there is some slight degree of inflammation of the *pleura* (the investing membrane of the lungs, and the lining membrane of the chest), or when old adhesions of the two *pleuræ*—the result of former inflammation—interfere with the natural expansion of the lungs. Pain, almost of rheumatic character—indeed, it is sometimes referred to rheumatism alone—is frequently experienced around the shoulders, between the shoulder-blades, and at one or both sides; occasionally, there is difficulty in lying in bed on one or the other side, without some pain and uneasiness. In general, the amount of pain endured during the progress of the disease, bears no proportion to the extent of mischief going on in the lungs.

The difficulty of breathing, which in the first stage was temporary, is now, in the majority of cases, constant. This may be readily accounted for by the increased size and increasing number of the tubercles having encroached upon, and blocked up, the air cells, and thus diminished that surface of the lungs by which the act of breathing is performed. In some instances, the patient complains of very little annoyance in respiration, and when tranquil he breathes with ease and freedom; nevertheless, any considerable or long-continued exertion cannot be borne without much tightness and oppression of the chest, and mounting an ascent always aggravates the dyspnœa.

Hectic Fever.—When the expectoration is purulent, and presents the characters I have just described, that condition of the system which is designated hectic fever, always prevails; at the very commencement of consumption this fever slowly and insidiously affects the health and strength, but it is seldom that it manifests itself in all its fearful symptoms until the tubercles begin to liquify and pus is formed.

Hectic fever is of a remittent type, and is said to have two accessions in the twenty-four hours; one in the middle of the day, and the other towards evening; with the exception of the evening exacerbation, which is always regular, the periodicity of its return is uncertain; sometimes it is absent altogether during the day, and sometimes the patient is never free for any length of time from its sudden invasion; but these repeated

attacks are never so severe as that which exhausts the patient in the evening and night.

The access of the fever commences with chills and shuddering, and a sense of "creeping" in different parts of the body; the back, especially down the course of the spine, although hot to the touch, feels cold to the patient, and he is acutely sensible of the slightest breath of cold air. After a time, varying from half-an-hour to two or three hours, the *hot stage* succeeds, and the patient is then burnt up with fever—he is restless, and overpowered with lassitude; the pulse is seldom less than 100—more frequently 120; the skin is hot and dry, and the face is flushed and burning. This stage lasts several hours, and towards morning terminates in perspiration.

The ordinary acceptation of the word "perspiration," is quite inadequate to express the amount of the *night sweats;* the body is not bedewed, or damp, but wet; perspiration, like drops of water, oozes from the pores of the skin, and in some instances rolls from the body almost in a stream, so that towards morning, the personal clothing and bed-linen are completely saturated with moisture. The chest in particular is subject to this excessive perspiration; and in cases where the disease presents itself without any aggravated symptoms, the patient constantly complains of awaking with his breast and shoulders damp and moist. Of all the signs diagnostic of consumption, not one is so constant, or so confirmatory of the disease, as these night sweats.

When hectic fever is established, the pulse increases

in rapidity, and beats from 100 to 120 or 130; the heart palpitates violently, and is easily excited by trifling causes; the respiration is hurried; the cough is "hacking" and exhausting; the body loses flesh, and wastes or *melts* away; the flesh that remains is soft and flabby, and the skin loses every appearance of health. The debility is great, and the lassitude so increases that the patient is quite unequal to any bodily exertion. The sleep is invariably disturbed by repeated paroxysms of cough, induced by the loaded state of the air-passages; and the least change of position, as turning from one side to the other, is sufficient to cause a recurrence of the attack. The appetite is fickle; sometimes it remains good to the last, but more frequently there is perfect loathing of food, which occasionally produces nausea and vomiting: thirst is seldom troublesome or excessive, even during the feverish state. The tongue often preserves a healthy appearance for some time, but afterwards it becomes dry, of a deep red color, and at its edges and tip is frequently covered with small ulcers, resembling particles of curdled milk: this aphthous state of the tongue may extend to the throat, and cause numerous small sores, which distress the patient, and render swallowing painful. At the commencement, the bowels are usually constipated; after a time they become irregular, being relaxed for several days, and again costive: when, as may happen towards the close of the disease, the mucous membrane of the bowels is irritated, or even ulcerated, diarrhœa is frequently present, and greatly assists

to reduce still lower the remaining strength of the patient. The urine is generally high-colored, inconstant in quantity, and deposits a bran-like sediment.

*Hæmoptysis*, or spitting of blood, generally becomes an alarming symptom at this stage of the disease, and by presenting to the patient visible evidence of the existence of internal mischief, frequently arouses the first suspicion in his mind that he bears within him the germ of a fearful complaint.

The ordinary phrase, *rupture of a blood-vessel*, is not always a correct one; when a blood-vessel is "ruptured"—I am speaking now without reference to external violence—it is usually caused by a morbid distension of the blood-vessels and increased impetus of the blood, and is technically termed an *active hemorrhage*. Active hemorrhage more frequently occurs in those vessels which are the least protected and supported by integuments, or by surrounding muscular or ligamentous substance; thus the minute vessels which supply the Schneiderian membrane of the nostrils are, in some persons, liable to be ruptured by any trifling exertion, as sneezing, or by a slight blow. Active bleeding of the lungs is usually accompanied by symptoms denoting determination of blood to that organ, or by actual inflammation, rather than by those symptoms of diminished action which we usually find in this stage of the disease.

When the whole system is debilitated, as it is in consumption, the blood-vessels are of course in a weakened condition; their coats become lax, they lose their natu-

ral patency, and, without being ruptured or their continuity interfered with, they allow the red particles of blood to *exude* and become effused. This is termed *passive hemorrhage*, and is the cause of spitting of blood that we have now to encounter. This degree of hemorrhage will continue without any marked increase of the other pulmonary symptoms, or the invasion of new ones: the expectoration is dotted with small particles of congealed blood, and occasionally streaked with a delicate film of a bright red color; sometimes pure blood is coughed up, or discharged without an effort, and the quantity may vary from a drop to a teaspoonful, and from that to a much larger quantity; but it seldom escapes in a stream, as it will do in active hemorrhage.

As the disease advances, the bleeding may arise from active and passive hemorrhage, inasmuch as the branches of some arteries may be ruptured by the softening of the tubercles; and the weakened coats of others may allow the constant oozing or weeping of blood.

The *periodical indisposition* in females is either irregular, deficient, or altogether absent; and this deviation from custom, is often erroneously considered as the *cause* of all the debility, languor, and wasting, instead of the *effect* of the pulmonary disease.

The appearance of a patient advanced to this stage of decline is so characteristic of the disease, that to those who have experience in its treatment, the countenance and figure depict, almost describe in detail,

every symptom. The account given by Aretæus so faithfully portrays this appearance, that I cannot do better than borrow a sentence from the elegant translation of the late Dr. Young. "The nose becomes thin, especially at its point; the cheek bones project—the skin covering them is pale during the day, in the evening it is flushed in circumscribed patches of a brilliant red color—(hectic blush); the white part of the eye shines, and is of a light pearly hue; the eyes are large and bright, although somewhat sunk in their orbits; the cheeks are hollowed; the lips retracted, presenting often the appearance of a melancholy smile; the teeth increase in transparency; the whole body is shriveled; the spine projects, instead of sinking, from the decay of the muscles; the shoulder-blades stand out like the wings of a bird; the fingers are shrunk, except at the joints, which are prominent; the nails are curved; and the hairs gradually fall from the head."

During this wreck of health, the mental faculties continue perfect, and are often endowed with increased intelligence; the temper may be occasionally irritable, but the spirits are seldom oppressed on account of the malady. Hope, a strong hope of ultimate recovery, constantly and wonderfully sustains the patient; he will admit he has "a cough which may be serious;" but "when warm weather comes he will be better." How often have I heard a girl, who could scarcely utter the word—"Wonder why mamma was fretting?"

—unconscious that the danger which surrounded herself was the sole cause of a mother's sorrow.

The duration of the second stage of consumption is variable: in some cases a few weeks may be sufficient to place the patient beyond hope; and he is then, in familiar language, said to be in a "galloping consumption;" while others may continue for months, or even years, without any aggravation of the symptoms, or much increase of the disease taking place. By maintaining the general health, and supporting the strength, we may arrest the further development of more recent tubercles, and those which have already advanced to "softening," may be reduced to a chronic state; or—but we must confess the instances are rare—the seat of softened tubercle may become obliterated by a curative process, which unites the sides of the cavity. When, however, spitting of blood, diarrhœa, and night sweats, reduce and waste the patient, the result is rapid, although the disorganization of the lungs may have ceased.

*The physical signs* now indicate more clearly the change and enlargement which the tubercles have undergone, and, by a careful examination of the chest, we may gain positive evidence of the internal mischief. The sound of the voice, wherever an enlarged tubercle, or a mass of tubercles exist, is louder than elsewhere, and gives rise to the stethoscopic sound, termed *bronchophony:* bronchophony, however, by itself, should not be considered a certain diagnostic of tubercle, unless conjoined with a dull sound on *percussing* the part sus-

peeted with the points of the fingers. On applying the stethoscope, we sometimes hear a distinct crepitation or crackling, and occasionally, at the upper part of the lung, we hear a still louder sound, like a gurgling.

The sounds are at first more distinctly heard at the upper part of the chest, and gradually proceed downwards; they are often more decided on one side than the other, according to the extent of tubereulous deposit in the lungs.

### THE THIRD STAGE.

This stage of consumption coincides with the complete softening of the tubercles, when the liquified tubereulous matter bursts into the bronchial tubes, is then gradually expectorated, and the seat of the abscess converted into an excavation or cavity.

The symptoms described as characteristic of the second stage, now prevail in greater intensity; the cough is scarcely absent for any length of time, but tears and racks the breast, sides, and back, with sharp, lancinating pains, and leaves the patient, after each paroxysm, faint and exhausted: during the night the cough is unceasing, and drives off that natural and blessed restorative—sleep. At the commencement of a paroxysm, the cough is "hollow," but as the expectoration becomes loosened, it gives a gurgling or rolling sound, which gently subsides almost to a murmur. The expectoration is profuse, occasionally amounting to a pint in a few hours: it consists of a heavy, purulent

discharge, in consistence equal to cream, and in color varying from pale yellow to green, or bluish-black or brown; it contains small lumps of a curd-like substance, and is sometimes freely mixed with fresh florid blood; at others, the blood is in minute congealed clots or threads; the odor is generally faint and sickly, in some cases fœtid and offensive. The expectoration may be so copious in quantity, and the strength of the patient so prostrated, as to deprive him of ability to eject or cough up the accumulated matters, and thus suffocation may be threatened. I remember a case that occurred at the London-hospital, during the time I was dresser, in which death was instantaneous from these causes.

Spitting of blood does not happen so frequently in this, as in the earlier stages of the disease; the tuberculous matter, in its softened state, appears to throw aside the larger blood vessels, and in examinations we sometimes find them flattened, and occasionally obliterated; but, except in their most minute ramifications, seldom ruptured.

The breathing is oppressive and difficult; the dyspnœa does not come on in occasional or spasmodic attacks, but is constantly laborious, in consequence of the imperfect inflation of the lungs—perhaps I should say, of what remains of the lungs: the least exertion, or change of position, aggravates the oppression, and the sufferer obtains breath by a succession of gasps, rather than by natural respiration.

The hectic fever ravages the frame with undimin-

ished violence ; the chills are frequent ; the succeeding heat produces an exhausting faintness, and the perspirations during the day, as well as the night sweats, are abundant. Diarrhœa is generally present, and the copious evacuations which are constantly occurring, reduce the strength of the patient to the lowest possible ebb, and constantly cause an overpowering sensation of faintness and sinking. The appetite is bad ; and it is only by the most savory, delicate, and not always the most proper food, that the patient can be tempted to eat. Whatever is eaten readily causes uneasiness and disturbance in the stomach ; sometimes it is quickly rejected ; but, if retained, it creates so much irritation as to produce pain and nausea. Flatulence, and violent eructations of acid, unpleasant wind, constantly harass the patient, and occasion a "rising in the throat," which appears to threaten suffocation. The pulse maintains its unnatural rapidity, and is seldom less than 110 ; the surface of the body is always hot to the touch, and the palms of the hands and the soles of the feet are burning. The throat and mouth are generally sore from numerous small aphthous ulcers, and in some cases the larynx is ulcerated : when this occurs, it renders the cough still more frequent and painfully distressing. I have, in several instances, noticed the formation of small abscesses, either in the rectum, or in the immediate neighborhood of the lower gut, during the last stage of consumption ; indeed, the whole mucous membranes appear to approach closely to ulceration, if they are not absolutely ulcerated.

Towards evening the feet and ankles become swollen, tumid, and filled with fluid, and dropsy in various forms may make its appearance: sometimes the limbs are anasarcous, at others the abdomen is tumid, or the chest fluctuating. When dropsy becomes general, as is sometimes the case, the night sweats and the diarrhœa cease: within a few days, however, the perspiration may return, and then the infiltration subsides, so that one set of symptoms alternates with the other.

With these symptoms the emaciation and debility keep pace; the strength is barely sufficient to support the limbs, and the frame is reduced to that of a skeleton; the cheek bones become more prominent, and the cheeks still thinner; the lips are retracted, and the countenance yet maintains a melancholy or bitter smile; the neck appears elongated, and sometimes hangs listlessly on one or other side; the shoulder-blades are elevated, and the chest contracted; the ribs may be easily counted, and the spaces between each are deep; the joints are large and protuberant; the nails grow rapidly, and become more incurvated, almost like talons; the hair is damp, weak, and continually falling. The voice, when the larynx is ulcerated, is hoarse, and attended with a clanging sound; sometimes it is shrill and hollow, and at others the patient can scarcely speak louder than a whisper.

Whilst the physical powers of life are thus decaying, the mind holds its pre-eminence unimpaired; the faculties are acute, and, strange as it may appear, are capable of the highest cultivation, and even of abstruse

study. I attended during the last year a youth, who, in the progress of his malady, aequired a perfeet knowledge of the German language, and trained his mind by a severe study of mathematies, with the hope—the abiding hope, that in a life yet to be prolonged, he would reap the benefit of his application. I had a patient, a young lady, who, not forgetful of devotional reading, was deeply engaged in perusing "The Hunehbaek of Notre Dame," on the day of her death.

To the last moment she still elings to hope; she is uneonscious of any inward emotion that tells her her disease is fatal; she views the despondeney of her friends with surprise, almost with peevishness, and is ever buoyed up with the faith, almost the eertainty, of her reeovery.

In other eases, but they prove the exeeption rather than the rule, the mind is eomparatively torpid; the patient is indifferent to a return of health, or to a fatal issue; and in some eases an exeited delirium attends the last days of life.

Although the eourse of the last stage of eonsumption is eharaeterized, in a large majority of eases, by the symptoms I have now detailed, yet, in some instanees, there may be a total eessation of those prominent and peeuliar signs which belong alone to the elose of this devastating disease; thus, we may oeeasionally see cases in whieh the cough, the expeetoration, the diarrhœa, the exhausting perspirations, eease altogether, and leave the patient in a state of happy and plaeid tranquillity. When this occurs, it must be attributed

more to the failure of the animal powers, and deficiency of material, than to any permanent restoration of the system; for at last the scene closes, by life gently gliding away, "like the expiring lamp," in ease, in peace—and, may we always be enabled to say, still in HOPE!

The *physical signs* at this stage are decided. The formation of the chest is altered; the shoulders are elevated and dragged forward, and the capacity of the chest is narrowed. During respiration, the collar bones and the first two or three ribs are immovable, and when the patient attempts to take a full inspiration, the upper part of the thorax appears to be forcibly drawn upwards, instead of expanding with that spontaneous ease which attends health. Percussion—that is, sharply, but delicately, tapping the sides of the chest with the points of the fingers—gives a dull sound at the upper part of the chest; but, if applied over the seat of a cavity, it is loud, and, when the patient is much emaciated, it may be heard acute or hollow. By the stethoscope we discover several sounds, according to the state and size of the *vomicæ*. When the tuberculous mass softens, and is partially expectorated, the voice is heard in that part of the chest, and the sign is known by the term *pectoriloquy;* the natural murmur of respiration at and around the seat of the tuberculous abscess is indistinctly heard, and in some parts is inaudible; in that part of the lungs which still remains healthy, it is particularly clear and distinct. When the patient coughs, we hear a gurgling sound,

and the voice resounds in different parts, particularly at the back, near the shoulder-blades. If the excavation be large, we then discover, when the patient coughs, or breathes, a peculiar *metallic tinkling*, which is a kind of silvery-ringing sound, closely resembling that emitted by a cup of metal, glass, or porcelain, when struck gently with a pin, or into which a grain of sand has been let fall: this sign denotes the presence of air within a large preternatural cavity. A modification of this sound, named by Laennec, *amphoric resonance*, or buzzing, is sometimes heard; it resembles the sound produced by blowing quickly and forcibly into an empty bottle having a narrow aperture.

Tuberculous Consumption, of whatever degree, must depend upon a corresponding anatomical change of structure, or disorganization of the lungs: this change of structure may vary remarkably in the tardiness and rapidity of its progress; in one case advancing with uncontrollable speed; in another, delayed for a lengthened period; so that the disease may appear as two different affections, rather than modifications of one and the same disorder. Hence, consumption, in popular phrase, is called a "galloping consumption," "a rapid decline," or Acute Consumption. When its course is slow—"a lingering consumption," or Chronic Consumption.

## ACUTE, OR RAPID CONSUMPTION.

The duration of this form of the disease varies from a few months to two years; sometimes it runs its course in two or three months, or, as in the case of the Duchess de Pienne, recorded by M. Portal, in ten or twelve days. M. Andral has related the history of four cases, the duration of which varied from twenty-one to thirty-five days.

When the disease travels to the fatal goal with such prodigious rapidity, it occurs in those in whom the hereditary predisposition is great, and whose habits and idiosyncrasies greatly favor the perfect development of the tubercular matter. In such cases, all the symptoms I have before recited, are present in an unusual degree of severity, and succeed to each other with great rapidity. The cough becomes day by day more distressing and exhausting, and the expectoration, at first mucus, quickly becomes purulent, curd-like, and tinged with blood. The hectic fever is violent, the perspiration constant, and the diarrhœa seldom absent; the emaciation of the body is excessive, the whole frame is in a state of decay, and readily preys upon itself.

In other instances, in young and delicate persons, more frequently females than males, the symptoms are so trifling, that the real condition of the patient often escapes the observation of herself or her friends, until the lungs are tubercular to a considerable extent;

nevertheless, the signs are so characteristic of the disease, as to disclose to the observant physician the amount of mischief of which they are the unobtrusive, but significant, heralds. In such cases, we find debility the most prominent symptom.

I am frequently consulted by the friends of young and enfeebled girls, who are said to have been delicate from their infancy, who take cold on the least exposure, and have been "short-breathed" for many years. On inquiry, I find they have a slight cough, with some little expectoration, but it is so common, or so constant, that "really, they think the cough of no consequence:" there is no pain in the chest, no spitting of blood; the spirits are exuberant, and the imagination ardent. Presently, on some fresh exposure to cold, the cough becomes more troublesome, the expectoration more copious, and, on one or two occasions, has been seen *tinged with blood;* the breathing is now more oppressed, the languor increases, and the skin is drenched with moisture. To those who have daily presented to them such cases, the countenance tells its own history, and that is comprised in one word—consumption. The cheeks are generally of a leaden or faded hue, except when lighted up with a transient *heetic blush*, and the lips are of a bluish color; the white of the eye has a peculiar dull, pearly tint, and the whole features are shrunken. When thus affected, the patient may sink with great rapidity; an attack of diarrhœa may speedily waste away her strength; or, after some trifling ex-

ertion, a fainting fit may suddenly supervene, and as suddenly prove fatal.

Of all the forms of consumption, this is the most insidious, the most treacherous, as the actual amount of danger is never suspected by the friends of the patient, because of the absence of the more decided local symptoms, and their obscure character when they do exist. In consequence of the individual being always in a state of sickly health, easily fatigued by exercise, and oppressed by a high, and chilled by a cold temperature, many anxious mothers have allowed this fatal disease to make irremedial progress, in the belief that her child was delicate, but not consumptive.

## CHRONIC CONSUMPTION.

Bayle and Laennec were the first who described the nature of protracted cases, and proved their identity with tubercles. Hoffman relates the history of three persons who lived under the disease for thirty-six years. In 1828, a person, named Robert Jeffries, died in the Fleet-prison, aged fifty-six years; he had had cough and shortness of breath for thirty years; on examination, after death, his lungs were found filled with tubercles and abscesses. In the "Edinburgh Communications" is detailed the case of a man, who passed nearly the whole of a long life with tubercles in his lungs; he was consumptive from eighteen to seventy-two, and at last died of the disease.

The chronic form occurs at a more advanced period of life, in persons in whom the hereditary predisposition is not strong, and who have been placed in circumstances which do not favor the development of disease, or have delayed its advancement by precaution and care.

The symptoms are, in certain stages, obscure, and seldom referred by the patient to the lungs; the general health is greatly impaired; there is considerable languor, debility, and disinclination for exertion; the appetite is good, and there is no pain; but there *is* a slight cough, with some little expectoration, and, despite the good appetite, the patient loses both strength and flesh. On the return of winter, the cough is more troublesome, and is accompanied with some expectoration; he is susceptible of cold, and seriously affected by every change of temperature; he still loses bulk, and is languid. As the succeeding summer advances, his health improves, and any occasional discomfort he may experience he then refers to the stomach. Towards the following winter, however, the disease assumes a more formidable aspect; the cough becomes constant, and is attended with a free expectoration; he perspires with the least exertion, his breathing is oppressed, and he daily finds himself unable to undergo that fatigue which previously afforded no inconvenience. Such cases are very common amongst the middle and higher classes of society, who are able to desist from labor or excitement so soon as they are affected by any serious amount of illness; so that by care, and by

avoiding fresh exposure to cold, the disease, in its full violence, may be protracted from year to year. Amongst the working classes and lower orders, whose necessities compel them at all hazards to continue their daily pursuits, one or two winters often bring the disease to its almost inevitable conclusion.

Chronic consumption is seldom a source of much anxiety to the patient or his connections, inasmuch as they are ignorant of the malady; the cough is little heeded, because it does not increase rapidly in severity, and may be entirely absent during the summer; as well as this, the subjects of the chronic disease are generally those who are considered delicate or ailing, so that the pulmonary symptoms creep on quietly, and are overlooked, or attributed to debility, cold or dyspepsia—in fact, to every cause but the right one. When, however, the symptoms become so urgent—the cough constant, breathing difficult, expectoration copious, perspirations profuse—as clearly to point to the lungs as the seat of the disease, the patient is even then more inclined to think he has acquired a new disorder, than that he is suffering an aggravation of his former complaint.

From what I have stated, it will be seen that the *duration* of consumption is influenced by many causes, and that it may be a disease of weeks, or of years. The mean duration, as calculated from the tables of Bayle and Louis, is twenty months; in a record of one hundred and sixty-two fatal cases, I find that more than one half terminated in nine months.

The man whose position enables him to avoid exposure to sudden changes of the weather, who has proper diet and proper clothing, who has at his command means to combat the symptoms of the disease as they arise, has a far better chance of withstanding its effects and arresting its progress, than he who has none of these auxiliaries to assist him. The tubercuIous disease may be controlled by remedial means, and by improving the general health; and thus an individual may continue for years alternating between disease and health.

The seasons of the year also exert a powerful influence; if the disease has shown itself early in the winter, the symptoms may be checked or arrested during the coming summer; if, on the other hand, it appears in the summer, or early in the autumn, the coming winter may bring it to a more speedy climax. From the tables of Dr. Heberden, we find that the maximum of deaths occurs in March, February, December, January, April, and May; and the minimum in November, June, July, September, and August: this result accords with the prevalent opinion, that the disease proves more fatal in the winter and spring.

*Is consumption curable?* In answering this question, I shall take for my text the words of Sir James Clark. He says: "It is only by convincing the public of the comparative futility of all attempts to cure consumption, and of the signal efficacy of proper measures to PREVENT it, that physicians can ever hope to produce those beneficial results in improving public health, and

in preserving and prolonging human life, which is the distinguishing privilege of their profession to aim at."

It may be considered an opprobrium to the medical profession; but, nevertheless, every honest physician must admit, that all attempts to cure tuberculous consumption have hitherto failed. To reply to the anxious inquiry of a father, or a husband, that consumption *is* curable, would be "a delusion, a mockery, and a snare;" and the man who would presume to say this, can only be considered "a boasting charlatan."

If every disorder of the lungs, whether arising from catarrh, bronchitis, or *dyspeptic consumption*, be called, as they are by some irregular practitioners, *consumption*, then I, also, will admit the disease to be curable; but, up to this period, *tuberculous consumption* has never been permanently cured. "As well might we attempt to restore vision when the organization of the eye is destroyed, or the functions of the brain, when the substance of that organ is reduced by disease to a pultaceous mass, as to cure a patient whose lungs are extensively disorganized by tubercles."

Although compelled to admit that the disease is seldom, if ever, curable, still it is allowed me to say, that it may be so palliated, its progress may be so retarded, and its consequences so counteracted, that a long life of utility, of happiness, and of comparative health, may be reserved for those who adopt such means and precautions as art is able to suggest. The disease may be made to accomplish its course by "parts and parcels, many times beginning, many times apparently ending."

We may shelter the vessel, but we cannot restore the wreck.

## THE TREATMENT OF CONSUMPTION.

I hold the opinion that consumption is a disease of debility; a disease of imperfect nutrition, and of excessive irritability of the nervous system; having for its result tuberculous deposits: that the inflammation and fever by which it is frequently attended, are merely concurrent circumstances, to some extent independent of tubercles. I consider that the especial aim of all treatment should be to induce such a change of system, such a change of habit or constitution, as may retard the progress of the tuberculous deposits, and prevent the formation of succeeding crops of tubercles.

I, therefore, maintain that the most rational plan of treatment must be based on the endeavor to re-invigorate the whole frame; to supply proper nutriment according to the capability of the digestive organs; and to soothe and tranquilize the nervous irritation.

We know that latent consumption quickly becomes active consumption when the body is debilitated, and whenever any of the numerous exciting causes impede healthful circulation, digestion, and nutrition; therefore, the first indication is to remove such exciting causes as may exist, and to restore, as far as possible, the healthy functions of the various organs of the body. Without the general health be improved, how temporary will be the palliation of any single symptom.

In speaking of the treatment of consumption, I intend to pass unnoticed the ridiculous theories, and less than theories, the ridiculous fancies of many clever, but sanguine physicians, and the nostrums of rapacious and ignorant empirics. I shall not describe how one advised a diet of snails, how another relied on a residence in coal-mines, how another depended on earth baths, another on the exhalations from cow-dung, and another on *my* inhaling apparatus, and *my* chlorine or iodine gas; but shall confine myself to that rational mode of management which perfect knowledge of the disease, judgment, and candor, must dictate to those who care to think, and which my own experience and daily practice has proved to be beneficial.

I propose to consider, first, the general management of consumptive patients; secondly, the treatment of each symptom, as cough, dyspnœa, spitting of blood, hectic fever, &c.; and, thirdly, the prophylactic treatment, or the means of prevention.

## THE GENERAL MANAGEMENT OF CONSUMPTION.

It is seldom that an individual is brought under the notice of the physician, as a patient, at the very commencement of the tuberculous disease; it is not until the cough, or pain in the side, compel him to seek advice, that he considers himself an invalid; and then how frequently is he merely treated for these *symptoms of a disease*, whilst the disease itself is forgotten or unheeded; and how frequently might these symptoms, at

their first appearance, be restrained by means the very opposite to those which are employed when they become more developed;—in other words, how frequently would the elimination and circulation of good, nutritive blood prevent the abstraction of a poor, worthless, sanguineous fluid, when inflammation has succeeded to irritation. If we could arrive at the earliest indications of consumptive disease, we should find, in nineteen cases out of twenty, that debility and irritability are the *avant couriers*. How, then, should these derangements of the health be treated? Certainly not by the lancet; not by digitalis; not by antimony: and yet, when the debility and irritability have produced a consequent fever, and an accelerated—*not vigorous*—pulse, and the patient is submitted *secundum artem* to modern practice, the fever is allayed, the pulse diminished, by bleeding and by digitalis; and, in the *prostration* of the patient, the fever is supposed to be checked, and the heart's action subdued.

It is my opinion, not heedlessly avowed, that these symptoms may be more safely removed by manufacturing in the system an increased quantity of pure and healthy blood, than by the abstraction of what little blood—good or impoverished—there may be.

I have no hesitation in saying, that the lancet and digitalis have hastened the progress of tubercular disease in numberless cases; that they have arrested it in none.

A person affected with tubercles is liable to inflammation of the lungs, or of the pleura, perhaps, in a

greater degree than another; and when inflammation does occur, the loss of blood, either by the lancet, by cupping, or by leeches, may be indispensable; but it should be abstracted with caution, and not one drop withdrawn more than is sufficient to remove the urgency of the pneumonia, or the pleurisy.

I speak thus strongly against the too common practice of indiscriminate bleeding in consumption, because I have daily to witness the direful effects it is capable of inducing; I have been consulted by patients who, to use their own words, "have been bled like calves;" I know the eagerness with which any *heroic* plan of treatment is sought for by the consumptive and the friends of the consumptive; and I would impressively caution them against the, not heroic, but "fool-hardy" remedy, that "mighty instrument of little men," the lancet.

Believing consumption to be a disease of debility, how are we to give strength to the patient, without producing over excitement? By proper diet, pure air, exercise, clothing, and cleanliness.

Proper diet is the key-stone of all treatment; by it we may correct or modify the constitutional disorder, as well as support the patient with that strength which he requires to contend against its exhausting effects. In the following remarks I can only give general hints, which must be adapted to the varying circumstances of each individual case.

The diet should be nourishing, without being stimulating: a moderate quantity of animal food may be

allowed daily, but only of those meats that are easily digested, and are not rich and gross in their nature. Mutton is by far the best; beef may be occasionally substituted—veal or pork, never. Veal, as commonly cooked, is unsuited to the consumptive or dyspeptic patient; but when deprived of its fibrine, as it is in jellies, it is wholesome and nourishing. White poultry, as chickens, turkeys, rabbits, and pigeons, are not improper; on the other hand, water-birds, as ducks and geese, are indigestible, and to be avoided. Game is nutritive, and easily dissolved in the stomach, especially venison, grouse, and partridges. Of all the processes of cooking, broiling is the best; and a chop or steak thus prepared affords more nutriment in a small compass than any other kind of food. Roast meat is more nutritious than that which is boiled: the assertion may startle some persons, but I am convinced that those "animo-vegeto decoctions," called broths and soups, are unwholesome; they load the stomach with an useless mass, and satisfy hunger, certainly; but the nourishment they afford is trifling, whilst the flatulence, distension, and indigestion, are abundant.

Fish yields little nutriment, and is not so easily digested as is generally imagined; whitings, soles, flounders, trout, and oysters, only, may be eaten with prudence. Cooked vegetables should be used moderately; asparagus, French beans, spinach, and turnips, are the best. Raw vegetables, as water-cress and lettuces, taken in moderation, are grateful, and not injurious; cucumbers, onions, celery, and radishes,

should be shunned as poison. Milk, from its bland, unirritating, and nourishing properties, is most valuable, and has always been held in high estimation in phthisis; it should, however, be used more sparingly than is usually the custom. The milk of asses is superior to cow's milk, as it contains less caseous or cheesy matter, is lighter, and equally nutritive: mare's milk is superior to either, but few patients can overcome a natural dislike to its use. The ordinary beverages, tea and coffee, are not the most proper fluids for the consumptive patient. Tea is without one particle of nutriment; it favors perspiration, relaxes the membranes of the stomach, and induces nervous wakefulness; coffee is nutritious to a certain extent, but it is also exciting, and should not be employed when there is the least tendency to spitting of blood, or inflammation. The Italian chocolate is nourishing, without being stimulating, is speedily and easily digested, and frequently improves the appetite for solid food. The "soluble cocoa" of commerce is too much adulterated for the invalid; when obtained pure, or when made from the "nibs," cocoa is excellent. A coffee, prepared by Messrs. Hurford and Co. from the dandelion root, has deservedly obtained some fame for its medicinal and agreeable properties; whenever the action of the liver or kidneys is impaired, or when there is any irritability of the stomach, it is a valuable substitute for the usual beverage drank at the morning meal.

A moderate quantity of wine may be allowed, or, in its absence, some good malt liquor; and the bitter pale

ale of Allsop or Bass, is preferable to all others. An occasional beverage may be obtained from a thin jelly of Iceland moss, or linseed tea, slightly acidulated with lemon juice. The less quantity of fluid that the patient takes, the better; it should be sipped, rather than taken at "hearty draughts," and the temperature should never exceed that of new milk.

I will now sketch a day's diet on the plan I uphold. Breakfast, at eight o'clock:—A large cup of pure chocolate, or half-a-pint of new milk, with dried toast, or water biscuits, and the yolk of an egg lightly boiled; or a basin of thick porridge, made of Scotch oatmeal. Luncheon, at eleven:—A glass of good Madeira, or something less than half-a-pint of pale ale, and a biscuit. Dinner, at two:—A broiled mutton chop, broiled or roasted chicken, or a cut from a hot joint of roasted beef or mutton, toasted bread, a glass of Madeira diluted with water. Tea at six:—A cup of black tea, with little sugar, dried toast or biscuit. Supper, at nine:—A biscuit and orange marmalade, or cold boiled rice with preserved fruit, or a few raisins with bread and milk. Bed, at ten.

Now, although I advocate this generous diet in cases where inflammation is absent, and the patient has inclination for such food, I wish not to be considered as treating consumption on the "beef-steak-and-porter" system, so properly derided by Sir James Clark; we may over-stimulate a patient by food, as readily as we may exhaust him by the lancet; there is safety only in a happy medium. I have constantly under my notice

cases in which a weak, rapid pulse, ranging from 120 to 140, has been redueed twenty or thirty beats, by supplying a defieieney of good blood; proving that the irritability of the heart and arteries is proportionate to this defieieney.

Mueh misehief is ineurred by immuring the eonsumptive in heated chambers, and preventing them inhaling the pure, unadulterated breath of Heaven: a consumptive patient should almost live in the open air when the state of the atmosphere is mild, dry, equable, and congenial to his feelings. In England, Undereliffe, in the Isle of Wight, Torquay, Hastings, Penzance, and, in the neighborhood of the metropolis, Brompton, Hampstead, and Hornsey, are peeuliarly eligible, and when the eireumstanees of the patient permit, a residenee during the winter at one of these plaees, or in a elimate where this inelement season is less subjeet to vieissitudes, is of the highest importanee. The late Dr. Young observed, that the mean temperature, from October to Mareh, was, from the year 1790 to 1794, as follows:—At London, 43 degrees; at Penzanee, 48 degrees; Lisbon, 55 degrees; Madeira, 63 degrees. In this point of view, Madeira, therefore, is the most healthy loeality.

Exereise should be taken daily, either by walking, riding on horsebaek, or sailing; a long journey, by sueh easy stages as will not fatigue the patient, has frequently arrested the progress of the disease. Riding on horsebaek is of infinite service, and when it ean be aeeomplished, ought never to be neglected. A sea

voyage, or a short excursion along the coast, has, in many instances known to me, removed all the urgent symptoms, and the invalid has returned as with a new lease of life. Certain gymnastic exercises, when not too violent, frequently assist to give energy and vigor to the system; when the strength of the patient will not permit any great exertion, swinging in the open air is a healthful, soothing recreation.

The clothing should be warm and sufficient, without being relaxing, and so regulated as to preserve the surface of the body, in every change of weather, and of the seasons, at an equal temperature. As a general rule, I am opposed to the wearing of flannel next the skin; it absorbs the perspiration, becomes damp, and does not readily part with the moisture by evaporation; it retains all the unctuous secretions constantly exuding from the body; in many instances it creates that degree of heat which is too relaxing, and it always tends to diminish that hardihood of constitution which is the best preventitive of disease. As well as for these reasons, it is objectionable on the score of cleanliness; where can be the luxury of putting on a clean linen or calico shirt over a soiled flannel? If the additional warmth which flannel certainly imparts be required, let it be worn—but not next the skin. The best material for underclothing is calico; it maintains an equal warmth, better than any other fabric; it allows the perspiration to escape by evaporation, and never clings to the body, coldly and damp, as does linen. The patient should never sleep in the same clothing that he has worn during the day.

Water is one of the best prophylactics of disease that beneficent Nature has provided for us, and in the malady now under consideration, when judiciously employed, is of considerable utility. The cold bath should seldom be resorted to, as we cannot insure that re-action, or glow, which follows its use in perfect health: a tepid bath, at about 76 or 80 degrees, will frequently tranquilize the system, and procure for the patient a good night's rest, when all other means fail. When a bath cannot be procured conveniently, the invalid should dash his chest night and morning with tepid water, and afterwards use a moderately coarse towel, so as to excite some slight degree of friction.

## MEDICAL TREATMENT.

The medicinal auxiliaries that assist in correcting the system and ameliorating the constitutional disorder, are tonics and sedatives.

The vegetable tonics that unite a bitter with an astringent principle, as the infusions of gentian, cascarilla, quassia, are of great utility, and may be taken daily, concurrently with other remedies for the peculiar symptoms of the disease, *except* when there is inflammation of the lungs or pleura. The grateful aromatic bitter of gentian, when combined, as it is in the infusion of the London Pharmacopœia, with orange-peel, forms an agreeable and refreshing draught, and affords an innocent stimulus, without the risk of producing over-

excitement or irritation: a wine-glassful may be taken two or three times during the day. Cascarilla is well adapted to cases in which the function of the stomach is disordered. The powder or decoction of cinchona bark, seldom agrees with consumptive patients, whilst its active principle, quinine, is free from all objection, in cases in which this vegetable is indicated. Several of the mosses, especially Iceland moss, are held, and deservedly so, in high estimation, for, with an aliment of considerable nutrition, they possess a tonic power, that, far from increasing vascular action, seems rather to quiet it. The bitter principle of Iceland moss closely resembles the medicinal qualities of the hop, which is both sedative and tonic.*

The mineral tonics, as iron, copper, &c., should be prescribed with much caution, as they are apt to produce too great excitement, and add to any degree of fever that may be present. That elegant preparation, the *citrate of iron*, is the best mode in which feruginous medicines may be administered; the compound iron

* Within a few years cod liver oil has acquired considerable reputation as an alleviate of some of the symptoms, if not as a curative of the disease. Its degree or mode of operation has not yet been satisfactorily decided. That in many cases which are not too far advanced, it for a time improves the appetite and increases the flesh cannot be doubted. This temporary effect it produces apparently in many chronic affections. Whether it has any further effect in any disease, or any specific effect in consumption, will depend upon a larger and more thorough experience than it has yet received; as there is no reason to suppose that it ever has any mischievous effect, and as there is sufficient evidence of a certain degree of efficacy, it should at present be held prominently forward as one of the remedies to be tried; probably promising as much, if not more, than any other.

mixture of the London College, is far less objectionable than the popular *tincture of steel*, which is the ordinary panacea of amateur prescribers.

I place much confidence in the *acids* which may be regarded in the joint character of sedatives, refrigerants, and astringent tonics. The mineral acids are more commonly prescribed, but from their corrosive quality, I think they cannot be thrown in sufficient abundance into the circulating fluids; on this account I prefer the vegetable acids. Acetous acid diminishes action generally, but gives tone to the system; it checks night sweats, restrains hæmoptysis, but produces costiveness; if we guard against this evil, it may be administered with manifest and unmixed advantage. It may be given in doses of two or three drachms in a wineglassful of infusion of cascarilla and a little syrup, three or four times a day. I have, in numerous cases, been enabled to trace increased energy in the system, cessation of the night-sweats, and improved appetite, to the administration of the following:—

Take—Sulphate of quinine, 20 grains;
Strong acetic acid (Beaufoy's), 2 drachms;
Tincture of hops, 3 drachms;
Tincture of squills, 3 drachms.—Mix.
Dose, thirty drops, in a little water, three times a day.

I have repeatedly prescribed citrate and tartaric acid, but never with any good effect.

The *elixir of vitriol*, or diluted sulphuric acid, is a favorite tonic in domestic medicine, and is one that may be employed, in moderate doses, with safety. We

should never deride those simple remedies which have acquired fame amongst the people; for we may be assured that their popularity has been gained by their proved utility: at the same time we must recollect that tampering with medicine is frequently more hurtful than allowing disease to progress unnoticed.

As the general health improves by careful regimen and mildly tonic treatment, we may confidently anticipate a diminution, if not the entire removal, of that irritability of the system which hurries on the progress of tubercle, and, by preventing the patient taking proper nourishment, induces that wasting fever peculiar to the disease. Should, however, the nervous irritability remain unsubdued, it will be necessary to have recourse to medicines possessing *sedative* properties; as hop, lettuce, hyosciamus, aconite, morphia, prussic acid, &c. Of these, the extracts of hop and of lettuce are the safest and best; they exert a balmy influence over the whole frame, allay the cough, and do not produce that loathing of food common to more active sedatives and narcotics. Hyoseiamus is a valuable remedy for the same purpose, but is apt to disturb the stomach and bowels; when employed, the *tincture* is the preferable preparation, as its strength is generally uniform, whereas the *extract* cannot be depended on, as scarcely two chemists prepare it in the same manner: the tincture may be given in doses of ten or fifteen drops, in some bitter infusion, twice or three times a-day, followed by a full dose of thirty drops at bed-time. Prussic acid, or the *acidum hydrocyanicum dilutum*, is,

when prescribed with caution, a safe and useful sedative. Opium, and the preparations of opium, as the acetate and muriate of morphia, should not be used until other sedatives have failed; opium, by itself, is highly improper, as it may cause congestion, and invariably induces headache, constipation, and some degree of fever.

Cough.—In the earliest stage of the disease the cough is seldom very troublesome, and is caused rather by a sensation of tickling at the back part of the throat, than by any accumulation of mucus in the windpipe or larger bronchial tubes: considerable relief may be obtained in such cases from the use of any bland demulcent which will lubricate the mouth and fauces. A mucilage of gum-arabic, the refined extract of liquorice, linseed-tea, black currant jelly, are safe and proper domestic remedies; or, the following agreeable medicine may be taken with considerable advantage:—

Take—Emulsion of sweet almonds, 5 1-2 ounces;
Oxymel of squills, half an ounce.—Mix.
A tablespoonful to be taken occasionally.

In a few instances, however, can we expect to restrain the cough in this comparatively quiescent state for any length of time; too frequently it becomes rapidly constant and distressing.

I would here earnestly express my disapprobation of the too common practice of obtaining temporary relief from opium. This drug is certainly one of the most effectual and valuable drugs we possess, but it is one that quickly loses its power of doing good in innocent

doses; so that the quantity necessary to produce the wished-for effect, must be daily augmented, until it becomes no longer innocent. Opium, and its preparations, laudanum, paregoric, and morphia, should always be used sparingly, and deferred, if possible, to a late period of the disease, in order that the patient may obtain the greater benefit when its aid is most required. I may add, by way of parenthesis, that opium is the basis of all the "quack" advertised nostrums for cough, asthma, and consumption; the increasing supply which the system demands when once habituated to its use, is not the least favorable point to those mercenary *speculators*, who make the health of their fellow-creatures the object of *commercial* enterprise.

It is a fact well known to medical practitioners—and patients soon discover it also—that the effect of any remedy is diminished by the frequency of taking it; so that that formula which gave ease to-day, will be without avail this day week. It is, therefore, advantageous to vary the form, and even the ingredients, of our remedies. I subjoin one or two prescriptions for "cough mixtures," which may be persisted in for a time, and then, one exchanged for the other:—

Take—Tincture of hops, 4 drachms;
Syrup of red poppies, 3 drachms;
Diluted sulphuric acid, 1 drachm;
Mucilage of gum arabic, 2 ounces.—Mix.
Two teaspoonsful to be taken every three or four hours.

Or,—

Take—Syrup of squills,
Syrup of white poppies,
Spirit of sweet nitre.—Of each equal parts.
A teaspoonful to be taken three or four times a day, in water.

Or,—

Take—Emulsion of sweet almonds, 7 ounces;
Tincture of hops, 4 drachms;
Syrup of the balsam of tolu, 4 drachms;
Oil of aniseed, 15 drops.—Mix.
A large spoonful to be taken every three or four hours.

When the cough is so frequent during the night as to deprive the patient of sleep, it will then be necessary to employ a narcotic, and morphia is the best: it is always prudent to commence with the smallest possible dose, for as the disease advances, it is generally necessary to increase the quantity; and in the latter stages it often becomes the chief solace of the patient amid his multiplied sufferings. A pill, prepared as follows, may be taken a short time before going to bed:—

Take—Muriate of morphia, 1 grain;
Ipecacuan powder, 6 grains;
Extract of gentian, sufficient to form six pills.
One to be taken for a dose.

The extracts of conium, hyosciamus, and belladonna, may be occasionally substituted, when the effect of the morphia, in its minimum dose, begins to diminish: belladonna must be prescribed with the greatest caution; the dose should never exceed the eighth, or, at the most, the sixth part of a grain.

When the cough is aggravated by an accumulation of mucus in the bronchial tubes, and when there is much difficulty in expectorating, we must endeavor to assist nature by the exhibition of some gentle expectorant medicine, such as the following:—

Take—Ipecacuan wine, 3 drachms;
Tincture of squills, 4 drachms;
Acetous acid, 5 drachms.—Mix.

A teaspoonful to be taken for a dose, in linseed tea.

Or,—

Take—Decoction of Senega root, 8 ounces;
Tincture of squills, 2 drachms.—Mix.

Two tablespoonsful to be taken occasionally.

I object to the indiscriminate employment of antimony, as an expectorant, in consumption: if there be inflammation, then antimony may be ordered with safety and advantage. In the absence of inflammatory action, it creates a long continuing nausea, and depresses the powers of the patient more than the urgency of the bronchial obstruction demands; and as other remedies, free from this objection, are capable of producing all the good we crave for—antimony possessing no specific curative property—I never prescribe this drug when other remedies will equally fulfill the purpose.

When the tubercles begin to soften, the patient is sometimes unable to expectorate without violent exertion, and consequent straining and exhaustion. In such cases the difficulty in breathing is so great, that we are compelled to resort to means more speedy in their action than the ordinary expectorants. A gentle emetic will frequently spare the patient many hours' harassing cough, and procure for him a good night's rest: even in the last stage of consumption I have never noticed the administration of emetics followed by

other than a good effect, for the expectoration is brought up almost without an effort, and thus the remaining strength is treasured. The metallic emetics are admirably adapted to our purpose, as they excite vomiting immediately, without the previous nausea and depression which ipecacuanha and antimony produce; their action is quick, and they do not debilitate the stomach, or create pain or tenderness. An emetic composed of from ten to twenty grains of the sulphate of zinc, or six to twelve grains of the sulphate of copper, will speedily cause the discharge of a quantity of sputa, which the strength of the patient could not, perhaps, spontaneously expectorate.

With the vain hope of subduing local irritation, improving the secretions from the lungs, and allaying the consumptive cough, the inhalation of various gases, medicated air, and fumigation, has, from time to time, occupied the attention of physicians. I have watched many cases in which iodine, chlorine, the vapor of tar, and benzoin, were inhaled—the benefit supposed to be derived was always doubtful; in some instances the injury was positive: the only *gas* fit for the lungs is that of a pure, warm atmosphere. Sir James Clark, who must ever be considered one of the best authorities on this disease, says, "When more correct views of the nature of consumption are generally entertained, we shall no longer hear it asserted that the disease is to be cured by inhalation, or any other local means;" and I believe this remark coincides with the opinion of every candid physician. Directed by the relief which

a patient always experiences from a moist, warm atmosphere, we may successfully imitate this, when the air of the chamber is so dry as to excite an irritating cough, by placing a basin of boiling water near the patient; the vapor thus diffuses itself in the air of the chamber, and renders it more soothing to the irritated surfaces of the air passages, while it spares him the irksome *labor* of inhaling through expensive tubes and spouts.

Dyspnœa.—In the first stage of consumption *difficult breathing* does not occasion much distress; the respiration, however, in the latter stages, is oppressed, laborious, and painful. When the dyspnœa occurs in paroxysms, after a fit of coughing or extra exertion, twenty or thirty drops of sulphuric æther, in a small quantity of camphor mixture, will often prove useful. This form of consumptive dyspnœa was described by Laennec as a *besoin de respirer*, or an increased want of breath, for which he prescribed the extracts of belladonna, conium, and stramonium: the latter, in small doses, to the extent of a quarter or half a grain during the day, is an excellent remedy.

When the breathing is constantly difficult, external applications are sometimes beneficial; a blister, or a mustard poultice, should be frequently applied to the chest, and if the oppression be very severe we may apply the mustard to the arms or calves of the legs at the same time. The dyspnœa may be occasioned by congestion of the pulmonary blood-vessels; when the pulse is quick, full, and bounding, and we are satisfied

that the lungs are congested, it will then be prudent to abstract a small quantity of blood from the arm. When the bronchial tubes are filled with an accumulation of mucus, or when the stomach is overloaded with an undigested or improper food, an emetic will frequently afford immediate relief and remove the oppression at the chest.

Pain at the Side is seldom a very urgent symptom, unless there be inflammation of the lungs, or of the pleura. If the pain be acute, but transitory, amounting only to a "stitch" in the side, dry cupping is often serviceable, and if this be followed by the application of a blister, the benefit is more decided and permanent. Many persons suffer considerable irritation and disturbance of the whole frame during the "rising" of a blister: a mustard poultice is free from this objection, and is a convenient, efficacious, and ready substitute. Friction, with some stimulating or anodyne embrocation, as soap liniment and strong spirits of ammonia, or soap liniment and laudanum, frequently affords immediate relief. If the pain be slight, but constant and fixed to one particular part of the chest, a slightly stimulating plaster, containing a portion of Burgundy pitch, may be applied to the seat of the pain.

Spitting Blood.—In active hæmoptysis, while the blood is actually flowing, the first thing to be done is to keep the patient perfectly quiet; he should be prevented making the slightest movement, even speaking must be forbidden; fresh air must be freely admitted,

so that he inhale a pure, cool, and unirritating atmosphere. When the pulse indicates increased action of the heart, or there is sanguineous congestion of the lungs, we must not delay, even whilst the patient is expectorating blood, in opening a vein in the arm, and abstracting such a quantity of blood—regulated by the urgency of the symptoms, the constitution, and strength of the patient—as will diminish the pulmonary circulation. In bleeding under such circumstances, it is better to take away at first a sufficient quantity of blood to arrest the hemorrhage, rather than do so timidly and sparingly. Paradoxical as it may appear, we must depend on loss of blood from the general circulation, as the chief means of checking its flow in the chest. Local depletion, as by leeches or by cupping, is of doubtful utility; sometimes it is not free from danger, as it may produce the evil it is intended to prevent or remove.

It commonly happens, in the course of a few hours after the hemorrhage has ceased, that feverish symptoms come on: the pulse becomes full and hard, the skin hot, and there is a sense of oppression about the chest. In order to prevent the repetition of blood-letting, the treatment must be guarded and active: a saline purgative should be immediately given; saline antimonial medicines frequently administered, and the patient kept low, cool, and quiet. Cold, even iced, acidulated drinks, as lemonade, tamarind-water, apple-tea, &c., alone are to be permitted, and food of all

kind prohibited, until the threatened inflammation is entirely subdued.

In passive hæmoptysis, when the blood passes from the vessels to the lungs, as it were by exhalation, and in quantity scarcely more than sufficient to tinge the expectoration, bleeding is seldom required: acid and astringent medicines, in conjunction with a low, vegetable diet, and perfect repose, are in the majority of cases sufficient to restrain the hemorrhage. Sulphuric acid, in the proportion of ten or fifteen minims of dilute acid, to an ounce of the compound infusion of roses, may be administered every two or three hours; and, when this is not sufficiently energetic, we must have recourse to alum, or the di-acetate of lead. Some of the preparations of iron, as the citrate or the compound iron mixture, of the London Pharmacopœia, are valuable medicines when the hæmoptysis proceeds from debility.

In both forms of hæmoptysis, the most perfect repose is essential to safety; the patient should scarcely be permitted to move hand or foot until the bleeding is entirely checked; he must be sustained by cold, acidulated beverages; his chamber kept perfectly cool, and his bed sparingly covered with clothing.

As may be easily supposed, an invalid, after spitting any quantity of blood, is frequently in a state of alarm and nervous irritation; when such is the case, it will be proper to add twenty or thirty drops of tincture of hyosciamus to the acid draught, until the excitement is allayed.

Inflammation of the Lungs is the most adverse complication of consumption, as the means we are compelled to employ are directed to lowering the strength and power of the invalid: bleeding is indispensable, and bleeding to such an extent as will produce some effect on the system, as faintness, or sickness, diminution of pain, and reduction of the strength of arterial contraction. When the loss of blood is imperative, the patient should be in the upright position at the time it is abstracted, and it should flow from a *large* orifice in the arm; for by this method a greater impression is made upon the inflammatory disease, and a cure can be thus effected by a less loss of the vital fluid than if a larger quantity be taken away in a small and slow-flowing stream. If the weakness of the system contra-indicates general blood-letting, local bleeding, either by cupping glasses, or by leeches, is to be preferred. Blisters are unquestionably of the greatest importance, if prescribed with judgment: physicians seem now to agree that until the heat of the skin diminishes, and the pulse becomes less frequent and full, they should not be applied; for so long as the inflammatory fever exists, they add to it, by the constitutional irritation which they produce. On the continent the free exhibition of tartarized antimony has many partisans. Laennec esteemed it the first remedy; his plan was to administer a solution of one grain of tartarized antimony every two hours, repeating the dose six times: after this, if the symptoms were not urgent, and the patient disposed to sleep, he allowed him to remain quiet for

six or eight hours; but, if the oppression at the chest was great, or the head was affected, he directed the medicine to be continued, the dose being then increased to a grain and a-half, or two grains, or even two grains and a-half. In England this plan has not yet gained many advocates: the want of success which has attended its extensive employment, may, I think, be attributed to the amount of stomach disturbance, with which inflammation of the lungs is generally complicated in our climate. During the winter 1846-47, I gave the antimonial treatment a fair trial, and the result was far from satisfactory; certainly we cannot depend upon it alone.

The bowels should be kept in a moderately relaxed state by neutral salts or by an enema; violent purgatives are most hurtful. Refrigerant medicines are of the greatest service; one of the most common and useful is nitre, which may be combined with the citrate of potash, or made to produce a more certain determination to the skin, by the addition of camphor, or antimonial wine, or by a combination with the citrate or acetate of ammonia. Fifteen grains of the nitrate of potash, a drachm of syrup of lemons, and a wine-glassful of water, forms an agreeable and useful draught, which may be taken every three or four hours.

I need scarcely add, that the patient must be sustained by the lightest and coolest diet; acidulated barley-water, tapioca, and arrow-root, in small quantity, being the only articles approaching to food that can be permitted: the chamber must be kept of an equable

temperature, and the risk of any sudden draught carefully avoided.

Pleurisy must be treated in the same manner as inflammation of the substance of the lung: bleeding, blisters, laxatives, counter-irritants, and low diet, are the remedies upon which we must depend for subduing the inflammatory action; as well as affecting this, we have also to guard against the frequent, I might almost add, the constant, result of pleurisy, namely, the effusion of fluid, or coagulable lymph, in or between the two pleuræ, which rapidly becomes organized, and converted into cellular bands of variable length, connecting or *gluing* the two pleuræ together, so as to prevent all lateral movement between them, and thus obliterating the pleural space. To prevent this effusion, and to cause its absorption when effused, we must trust to blue-pill, or calomel; small doses of the latter, from one to three grains, should be ordered every three or four hours, and if it passes off too freely by the bowels, it must be combined with opium.

Hectic Fever.—The *cure* of hectic fever must be dependent on the cure or removal of the disease by which it is caused; if it is sympathetic with an abscess in a joint, as "white swelling" of the knee, all the constitutional irritability and fever ceases so soon as the disease in the limb, or the limb itself, is removed: in the hectic of consumption, we can only palliate and do little more than attack symptoms as they arise; our chief aim being to lessen the irritable diathesis, and to

strengthen the frame, without stimulating or increasing the force of the circulation.

The most eligible means of subduing the irritability of the system, are afforded by the medicinal acids, which, as I have before said, act not only as sedatives and tonics, but they also abate the febrile heat, diminish restlessness, and frequently succeed in checking the perspirations. The light bitter infusions are proper vehicles for their exhibition, and when the acetic acid or lemon-juice is employed, a wine-glassful of the infusion of eascarilla, quassia, or columbo, may be agreeably acidulated and taken several times a day. Whenever diarrhœa is present, acids of all kinds must be immediately discontinued.

It is seldom that bark can be administered without a risk of inducing an increase of fever, as well as annoyance to the stomach. The Angustura bark generally agrees better than the Cinchona; to the former myrrh and iron may, in some cases, be added with advantage, particularly as they are united in the *mistura ferri composita*, or "Griffith's Mixture." Quinine in small doses, as in the formula, page 52, may be adventured with caution.

When necessary, the bowels must be acted upon by gentle laxatives, as the neutral salts, the confection of senna, or other mild aperients. A relaxed state of the bowels—in fact, an exhausting diarrhœa—frequently supervenes in the latter stages of consumption, and frustrates all our attempts to strengthen the patient; when excessive, it must be quickly controlled by medi-

cines, and decoction of logwood, or chalk mixture, combined with some light aromatic, or catechu, are well adapted for the purpose.

In many instances, there is a constant sickness: I attended a lady some years since, who, for several months, rejected every particle of solid food as soon as swallowed; the stomach being so irritable, that it was only by the daily use of prussic acid that fluid nourishment could be retained. Lime water, taken with an equal quantity of milk, will frequently allay the nausea; soda water, or Seltzer water, may be ordered with the same intent.

During the hot stage of hectic, the patient will derive great relief from sponging the hands and feet with tepid or cold vinegar and water, and afterwards carefully drying away the moisture. The cold stage may be mitigated in severity by keeping the patient in bed, warmly covered, until the time of the anticipated attack has passed.

The copious night-sweats constitute one of the chief sources of discomfort, and all remedial means are frequently powerless in restraining them: the acids only are to be relied on, and of these we are constantly deprived by the occurrence of diarrhœa. Great benefit will be derived from sponging the chest and shoulders with tepid vinegar and water before retiring to rest; and I consider it indispensable that the night clothing should be of calico. Immediately on awakening in the morning the night-dress should be changed, and the body carefully rubbed with a soft, warm towel.

The diet should be light, yet nutritive, taken in moderate quantities, and at long intervals, as some increase of the fever is always produced by the process of digestion. When the appetite for animal food continues, which is not often the case, it should be indulged in with the greatest moderation, and only such meats allowed, as by past experience are known to agree with the stomach. Mutton, game, or chickens, cooked in the most simple manner, may be eaten in small quantities once a day. Light puddings, prepared of rice, tapioca, white bread, or arrow-root, with a plentiful supply of milk or whey, are, in a majority of cases, the only suitable diet. Fish, salted meats, cooked vegetables, pastry, and condiments are decidedly hurtful: lettuce is an excellent sedative, and conjoined, as it generally is, with vinegar, is a grateful and proper esculent. Wine can seldom be permitted; if, however, no great increase of pulse is induced by a small quantity of sherry, plentifully diluted with water, and the patient feels revived by its use, it cannot be objectionable. The same may be said of malt liquor, premising that it be mild ale, well "hopped," as it is in the Indian pale ale. All beverages should be taken cool, or cold.

Whenever the strength of the patient and the state of the weather will permit, gentle exercise should be taken daily in the open air; when unable to walk, he should be driven a short distance in an open carriage, or in a garden chair; in the absence of these luxuries, he may sit for a short time in a garden, or other dry,

healthy place, where he can inhale a pure, mild atmosphere.

## PREVENTION OF CONSUMPTION.

In considering this all-important subject, I shall commence at the origin of the evil, and this, in an immense majority of cases, is *Hereditary Transmission.*

It would be foreign to this work to discuss the hitherto inexplicable power which man possesses, of transmitting peculiarity of talent, of form, of defect, in a long line of hereditary descent; we must be contented with the *fact* that he has that power—that wit, beauty, and genius, dullness, madness, and deformity, are thus propagated to a future lineage; and that a host of fearful diseases, as gout, consumption, scrofula, and leprosy, originating, perhaps, in the first sufferer accidentally, are propagated so deeply and so extensively, that it is difficult to meet with a family whose blood is totally free from all hereditary taint. Burton—the quaint, the sententious, but truthful, Burton—says, "Such as the temperature of the father is, such is the son's; and what disease the father had when he begot him, his son will have after him; and is as well the inheritor of his infirmities as of his lands."

The health of the parents influences the health of the child. What are the conditions of the health that induce a liability to consumption in the offspring? Sir James Clark says, "The belief that scrofulous parents *only* have consumptive children, is an error that cannot

be too soon corrected. A deranged state of the health in the parent, from many different causes, may render the offspring predisposed to tuberculous consumption." Every member of the profession, by observing what is daily passing before him, can obtain abundant evidence of the truth of this statement: he will find that when the parents are unhealthy, the children are so likewise, and that the latter often show evident signs of the tuberculous constitution when the former have no symptoms of it. The children of parents who have suffered long from dyspeptic complaints, gout, syphilis, imprudent courses of mercury, cutaneous affections, or any malady which has debilitated the system, are very frequently the subjects of tuberculous disease, or of such derangements as dispose to the tuberculous constitution.

The importance, therefore, of considering the health of the parent as the most effectual means of checking the extension of consumption, must be admitted; and I fear we must be content with the admission. Is a thought ever bestowed on this subject in matrimonial alliances? The liability to disease, hereditary or acquired, is overlooked, or never cared for, in opposition to personal attraction, mental acquirements, three per cents., and influential connections.

A contemporary writer has well observed—"It may be justly said, that, under no circumstances, should legislative enactments interfere with domestic affections and the bonds of society; but as there is no rule devoid of exceptions, so, when *insanity* is hereditary in a

family, the welfare of society demands that its members should be debarred from matrimonial alliances." I do not ask whether *consumption* may be substituted for *insanity* in the above sentence; but I state my opinion, that when *both* the man and the woman are tainted with a tuberculous constitution, marriage, under such circumstances, should be forbidden by prudence, if not by civil rule.

When a disposition to consumption exists in a family, "there can be no question," says Mason Good, "that inter-marriages among the collateral branches tend more than any thing else to fix, and multiply, and aggravate it; there is reason to believe that unions between total strangers, and perhaps inhabitants of different countries, form the surest antidote. For, admitting that such strangers to each other may be tainted on either side with some morbid predisposition, peculiar to their respective lineages, each must lose something of its influence by the mixture with a new soil; and we are not without analogies to render it probable that, in their mutual encounter, the one may even destroy the other by a specific power. And hence, nothing can be wiser, on physical as well as moral grounds, than the restraints which divine and human laws have concurred in laying on marriages between relations."

Mr. Mayo, in his "Outlines of Physiology," advances the opinion that the physical and moral constitution of the infant has a greater resemblance to that of the father than to that of the mother. If this be

correct, the health of the infant would be dependent in a greater degree upon the health of the father than the mother. The doctrine, however, in relation to form, complexion, and moral character, has so many exceptions, that its correctness seems doubtful. Be this as it may, the young mother should know that the health of her infant depends on her own, and that, from the commencement of pregnancy, she must consider herself responsible, to a great degree, for the health of her offspring; whatever interferes with the regular action of her several functions, especially digestion and its product nutrition, interferes with the growth, the development, and the constitution of the child yet unborn, and irregularity or carelessness at this period may entail upon her infant the most dire afflictions.

We will now consider the prevention of consumption in infancy and childhood, and the means by which we may improve the constitution, so as to overcome the hereditary predisposition. Our helpmates, whilst the infant is "mewling and puking in the nurse's arms," are proper diet, pure air, and religious cleanliness. If the child derive its consumptive constitution from both parents, or from the mother only, the latter must be deprived of her sweetest privilege—that of suckling her own child; if, on the other hand, the predisposition be acquired from the father, and the mother's health be unexceptionable, this restraint need not be imposed. Food of "Nature's cooking, a mother's milk," is the natural sustenance of infancy. When a stranger's breast has to afford this, the greatest care is

demanded in the selection of the "wet nurse": she must be healthy herself, and of healthy parentage; in age she should not exceed thirty; her child should not be more than six or eight weeks old, and her temper should be good and placid, as the secretion of milk is naturally affected by irritability and passion.

It is a common error with healthy mothers to suckle their children for twelve, eighteen, or twenty months, to the risk of their own health and the injury of the child. Soon after the appearance of the teeth, the stomach of the infant is capable of digesting artificial food, and the milk of the mother is, after the eighth or ninth month, deteriorated in quality and insufficiently nutritive: the child should then be weaned.

In consequence of ill-health, disease, or death of the mother, it may become compulsory to rear the children "by hand"—that is, entirely on prepared food; and certainly this mode, hazardous as it is, is preferable to nursing with the milk of a parent affected with consumption. An artificial milk, which approaches in quality that of the mother, may be made with two thirds of cow's milk, and one third of water, to which a little sugar is to be added; this forms a good substitute, and should be made fresh as often as the child requires it. The French prefer diluting cow's milk with an equal quantity of fresh whey. Biscuit, powdered and boiled with milk, water, and sugar, is also well suited to the delicate stomachs of infants. Arrowroot, of all vegetables, is the least disposed to fermentation, and forms an excellent food, either with milk, or with water

and sugar. It is very common in this country for people to give their children the worst food possible—namely, flour boiled in milk, which, when taken into the stomach, ferments, and fills the intestinal canal with wind and acidity. Not any animal food should ever be given to an infant under nine months old.

Happily the day has gone by when the new-born babe was swathed and rolled in flannels and bandages until deprived of all power of motion; yet, at the present time, dear old grandmammas and pertinacious Sarah Gamps adhere too closely to the unhealthy custom of *their* childhood, and "long clothes," rollers, and night-caps, still improperly maintain their place in the nursery. It is a sadly mistaken notion to suppose that we can give strength to a delicate and puny infant by keeping it constantly in an artificial state; an infant confined in a heated chamber, lumbered with a superabundance of clothing, must of necessity become so tender and susceptible as to take cold upon any and every alteration of temperature to which it may be exposed.

In the early infancy of children, we must endeavor to adopt the feelings and constitution of the child to the climate and circumstances by which it is surrounded, rather than accommodate and regulate the atmosphere and dress to the supposed limited endurance of the child: our aim being to give to the infant an innate and native power of resistance; to render it a hardy perennial, not a tender hot-house annual. The clothing should be sufficient to preserve the body at a proper

warmth, but not abundant or heavy; calico is the only fabric to be worn next the skin, and this should be changed every night and morning; and at the same periods the child should be washed or plunged in cold water, and a genial reaction induced by gentle rubbing with towels. The importance of pure air cannot be too highly estimated, and when the infant can breathe that of the country, it possesses the best antidote to tuberculous disease.

Were I to detail all the painful and trying struggles to which infancy is liable, as teething, convulsions, the eruptive fevers, &c., I should travel far from our present subject; I may, however, remark that, as in the robust child these affections jeopardize the safety and future health, so in the delicate or strumous child, they are doubly hazardous, and demand constant and sedulous attention.

In boyhood, the diet should be nourishing and generous without being stimulating; animal food should be given in larger quantities than to those in perfect health; vegetables should be allowed sparingly, and a moderate quantity of good beer taken daily. Exercise in the open air must be obtained whenever the atmosphere is dry and warm, and if it can be accomplished, a residence during the summer and autumn near the sea shore is desirable. Exercise at this age is a natural want, essential to train the muscles to their requisite offices, and to insure to the frame its full development and just proportions. So strong, indeed, is this tendency to motion, that few punishments

are more grievous to childhood than such as impose restraints upon it.

There is great mismanagement in those female boarding-schools where out-of-door games are prohibited, and the unfortunate inmates are restricted to a stately walk in the garden, or a still more stately walk along the foot-paths, in pairs, in stiff and monotonous formality, resembling, as Dr. Beddoes justly remarks, a funeral procession, and wanting nothing to funereal solemnity but the feathers and the hearse. The consequence is, that the muscles of the upper extremities, and those concerned in the support of the trunk, are rarely called into active play, and they do not acquire strength as the body increases in stature.

Little bodily restraint should be imposed on children for the first six or eight years; long and irksome confinement to the sitting, or indeed to any one position, and especially in close rooms, cannot but be inimical to the just and healthy development of their physical constitution. It is better that they be allowed to choose their own muscular actions—to run, jump, frolic, and use their limbs according to their own inclinations; or, in other words, as nature dictates—than to be subjected to any artificial system of exercise. In children of weakly constitutions, severe mental application is, in a particular measure, hazardous. Whenever a precocity of intellect, or a disposition to thinking and learning in advance of the years, is displayed, to the neglect of the usual and salutary habits of early life, it should be restrained rather than encouraged; the physical edu-

cation should ever be of paramount regard; the future health—for the absence of which life has no recompense—being closely dependent on its judicious management. The practice, unfortunately too common, of selecting the most delicate child for the scholar, is founded in error. This is the very one whom it becomes most necessary to devote to some calling which demands physical action and exposure to the open air.

A proper and moderate use of the vocal organs, at this age, is of considerable advantage: reading aloud is the best method of training the voice and expanding the lungs; and if, at the same time, the pupil be taught the graces of declamation, and the natural gestures of the orator, the benefit will be enhanced. It is well known that Cicero, in early life, was predisposed to consumption; and Cuvier attributed his exemption from pulmonary disease, to which he was expected to fall a sacrifice, to the increased strength which his lungs acquired in the discharge of his duties as public lecturer.

Bathing, and "the art of swimming," should form a part of every boy's early education: to the child predisposed to consumption, the frequent ablution of the whole body is of the most essential service: it gives tone and vigor to the frame, frees the pores of the skin from those impurities which are constantly accumulating, and the muscular exertion which swimming demands, is so universal, that not one part of the body is affected in a greater degree than another. A bath used early in the morning is most invigorating; it pre-

serves the body during the day at an equal temperature, and enables us to bear with less risk of annoyance any sudden change in the climate. When a bath, or bathing, cannot be conveniently obtained, the body, particularly the chest, should be freely sponged with cold water, and afterwards moderate friction should be applied by means of a coarse towel. Those who have never enjoyed this luxury, and have now the courage to commence, will not willingly lay it aside. Sea bathing is a prophylactic of the greatest value; and whenever the position of the parents of a scrofulous child will permit, he should reside, during the summer months of his early life, on the coast, to obtain the constant advantage of this really necessary adjuvant to health.

The period of life at which youth advances to adult age, termed puberty, extending in males from fifteen to eighteen, and in females, in our climate, from twelve, thirteen, or fourteen, to sixteen, is one of great importance to the future life of every individual; but important in an especial degree to such as may be predisposed to consumption. At this age, the development of the vital system is perfected, and the form increases in strength and symmetry. The boy throws off the puerile character, and starts at once a man; his countenance is illumined with intellect and decision; his voice assumes a rough and manly tone; his limbs are firm, his step erect and vigorous. In the female these characteristic changes are equally marked, and constitute the *first crisis* in woman's life; if possible,

the body undergoes a greater change, and becomes more fully developed; the bust is enlarged; the neck elongated; the eye sparkles with vividness and expression indicative of soul and feeling; girlish playfulness is exchanged for bashfulness and retiring modesty, and in her deportment the girl gradually merges from a child and assumes a womanly character.

> "By degrees
> The human blossom blows; and every day,
> Soft as it rolls along, shows some new charm;
> The father's lustre, and the mother's bloom."—THOMPSON.

It will be readily understood that every circumstance which interferes with this natural development, and, to a certain extent, perfection of the human frame, must involve the present and future health; and that every thing that can deprive the body of strength proportionate to its increasing growth, must induce that debility which best fosters consumption. At this age the body should be nourished by wholesome diet, and the hitherto wavering mind tutored to constant and unyielding virtue.

The too early age at which children are confined to laborious or sedentary occupations has been, and is, a crying evil of our generation. Wherever there exists a probability of the tuberculous constitution, it cannot be other than condemning the youth to certain and not far distant disease, to immure him within a crowded, ill-ventilated manufactory, and thus deprive him of the only means by which threatened ill-health may be ar-

rested—namely, exercise, not exhaustion or fatigue, in the open air. Young persons who are pressed into such service, and have learnt to become a part of its machinery almost before they have learnt their mother tongue, are wasted, emaciated beings; without the innate power to resist the most trivial disease, they cannot acquire the strength of a renewed constitution, so as to ward off, or "grow out" such a fearful disease as consumption.

The selection of a proper occupation for a delicate or scrofulous youth, and at the age at which he should commence the business of life, is an affair of no small importance. He should not be confined in crowded, heated, ill-ventilated factories; nor employed in any sedentary business, as that of a tailor, shoemaker, watchmaker, &c.; nor as a clerk at the desk, nor an engraver; he must not breathe an atmosphere loaded with irritating particles, as in weaving, milling, grinding, &c. When, as too frequently happens, the future "business" of youth is dictated by necessity, rather than selected by choice, he should be taught the value of such counteracting influences to an unhealthy occupation as are within his reach. Amongst these may be named regularity in diet, regularity in the hour of going to rest and in rising; personal cleanliness; bathing; the use of dumb-bells; fencing, or single stick; walking exercise, daily; boating, or cricket, occasionally—it should be his aim to gain for himself a certain amount of endurance and resistance, by moral and physical training; to give tone and vigor to his organi-

zation; and to earn for himself a new constitution; and, truly, if the same pains were taken to acquire this new constitution, as are frequently adopted to destroy a good one, the art of acquiring health would not be difficult or novel.

The girlhood of females demands all a mother's care and solicitude; it is now that the buds of inherent or acquired disease are matured or crushed, and the prospect of continued health and strength permanently influenced; it is now that the slightest deviation from accustomed or expected habits must be noticed with unremitting accuracy, and the indication thus afforded so acted upon, that we may gently assist Nature, rather than rashly or violently interfere with her beautiful operations.

I have, in practice, daily to combat the erroneous opinions of over-indulgent mothers, that a "delicate" girl is unable or unfit to walk, hop, or run, as her fancy may dictate; and that she must be restrained in her movements, fettered in stays, and confined in a chamber warmed to fever heat. If it is wished that a delicate girl should become a sickly woman, such would be the plan to follow: but, if we desire to banish this delicacy and susceptibility, and give health and energy to the growing frame, we must allow Nature an opportunity of exerting her own powers; we must depend upon the influence of air, exercise, diet, and rest, with occasional tonics and cold bathing.

In the early life of females strict attention should be paid to the carriage, and the proper expansion of the

chest; calisthenics is an useful auxiliary to health, insuring at the same time ease and grace of movement. In reference to this subject, the late Dr. Good says, "Surely it is not necessary, in order to acquire all the air and gracefulness of fashionable life, to banish from the hours of recreation the old rational amusements of battledore and shuttlecock, of tennis, trap-ball, or any other game that calls into action the bending as well as the extending muscles, gives firmness to every organ, and the glow of health to the entire surface." To prove the benefit of air and exercise, we have only to contrast the damp hair, the pallid features and attenuated form of the young milliner, confined in a heated room for sixteen or eighteen hours, with the rosy tint and bloom of health in the more fortunate girl who is allowed to take her daily promenade.

Whilst guiding the physical education or "training" of a young person affected with a consumptive diathesis, we should not neglect the moral and intellectual culture. The passions now begin to exert a powerful influence on the health; it is now that the mind rushes into a new world, and is prone to receive lasting impressions either of good or evil; new thoughts, new feelings, engage the attention; and the ideas and habits now acquired, whether amiable or vicious, frequently become a part of our future existence. It is necessary that all gloomy and dispiriting ideas should be dispelled, and whatever tends to depress the mind or lower the animal spirits should be avoided with the greatest circumspection.

That painful and exhausting emotion, compounded of hope, love, and fear, which is distinguished by the term *longing*, frequently agitates the delicate at this age, and its effect on the health illustrates the striking and beautiful apophthegm of the wise man,—"Hope deferred maketh the heart sick." It is felt by children who are at a distance from home, and who are eager to return to the embrace of their parents; by foreigners, who have a strong and inextinguishable love for their country, and are anxious to return to the scenes and companions of former times; and by the youthful pair who have vowed an eternal attachment, but whose union is opposed by bars that are felt to be insurmountable. Whenever the health suffers from despondency occasioned by such separation, or by other depressing emotions, which may be classed as *heart-ache*, it should be the first care of those solicitious for the individual to lessen, and, if possible, remove the corroding care which oppresses the whole system.

The greatest discretion should be exerted in the selection of those who are to become the intimate companions of youth; there are so many circumstances dependent on this choice, that materially affect the future health and well-being of the rising man, which every parent will readily comprehend, that they require only to be attended to, in order that their importance may be acknowledged.

Intemperance, excesses of all kinds, precocity, and all things that tend to induce nervous irritability and muscular debility, readily become the parent of con-

sumption; to those already predisposed to the disease, they frightfully hasten its development.

The climate most favorable to preventing or retarding the development of tuberculous consumption, is that which is of a mild, dry, and equable temperature; hence a change of abode has been recommended in all ages to those whose native soil is subject to considerable and sudden variations. Nice, Naples, Madeira, Malta, Sicily, and other islands in the Mediterranean, and Penzance, the south-western boundary of the Cornish coast, Devonshire, Hastings, and the Isle of Wight, in our own country, afford this mildness and equability, and are chiefly resorted to by consumptive patients.* The most equal of all temperatures is that

* St. Augustine, Key West, Key Biscayne, Tampa Bay, in the U. S. A.; and Cuba in the West Indies.

Those invalids who seek a southern climate during our winter to escape the cold and variable weather which characterizes the season here, usually go too late, and much more frequently return too early to reap the full benefit of the change, and to escape the evil which they seek to avoid. Our inclement weather often begins in October, and generally lasts till the middle of June. It is generally supposed that if invalids are absent during the interval when the thermometer is liable to go below the freezing point, or there is a probability of frosts, they are safe. This is a great mistake. It is not the cold simply which they wish to escape. Some of the coldest northern climates are the most exempt from consumption. Iceland, according to the report of Dr. Schleisner, is remarkably spared by this disease. Indeed it is doubtful whether an extreme northern is not more exempt than an extreme equatorial climate. The irregularity of the climate has quite as much, probably much more to do with the development of the disease than either extreme. Statistics in this country go to show that where the climate is modified by the neighborhood of large bodies of water, and rendered more equable as in the vicinity of the ocean, or of our great lakes, the ravages of consumption are less marked. There are no

of the sea, and many invalids who feel inconvenience from a residence on the sea-side, are almost instantly relieved by sailing a few miles distant from it. Sea-sickness, when not too violent, is of unquestionable service in many cases. The exercise of sailing affords

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months of the year in our eastern and middle states more trying to pulmonic patients than May, and the first half of June. And yet invalids generally, if not strictly cautioned to the contrary, make their arrangements to return during those months. The fresh winds and cold storms which are the characteristic features of the month, with an occasional mild, or extremely hot day to tempt the unwary, or force the wisest to throw aside their protecting flannels, make a much greater impression upon a person lahoring under any affection of the lungs, than the steady cold of Decemher and January. Our hills of mortality show it. Many a sick one whose disease has resisted the cold of winter, is cut down hy the fluctuations of spring.

A gradual is more favorable than an immediate return to the north. In our country the location of the different stages is such as to make this exceedingly easy and agreeahle. Having passed the winter in Cuha, Key West, or Tampa Bay, the invalid may in March procced to St. Augustine, remain there to the end of May or June, then advance to Savannah, and thence north hy the first of July, when our summer as regards invalids has commenced. The statistics of Dr. Forry, drawn from many reports of posts in different parts of the country, show that the mortality from pulmonary affections is least in the northern and greatest in the middle and southern states. The mortality of the posts at the north is 2.1, per 1000 strong. At the south it is 4.4, per 1000. The last includes Florida. If we strike off E. Florida and the Lower Mississippi, in which the mortality is only 1.7, the disproportion is still greater. This, however, is the mortality among strangers who are residents in the place the year round. Among them consumption is in a majority of cases only the termination of other diseases, peculiar to the climate, and to which strangers are peculiarly liable, and which are induced at a season when it would he no henefit to pulmonic invalids to visit those regions. It does not forhid, therefore, invalids with pulmonic affections to visit those regions at a season when they are in all respects healthy, and peculiarly favorahle to those diseascs which suffer most in a rigorous or variable climate.

motion without exertion, or, at least, with no more exertion than gives a pleasurable and tranquilizing feeling to the system; it cheerfully engages the mind, retards the pulse, calms the irregularities of the heart, and produces sleep.

Sailing on the Tiber was a common prescription among the Roman physicians. Steaming on the Thames should be the daily *medicine* of such as are disposed to the disease, and cannot travel a greater distance.

To prevent the ravages of consumption in one already predisposed, especial attention must be paid to nourishment, air, and exercise, so that he may be placed in circumstances the most favorable to acquire robust health: by removing functional derangements as they occur; by maintaining a healthy condition of the digestive organs; and, above all, by obtaining prompt and efficient counsel on the advent of the slightest pulmonary disturbance, we may confidently hope so to invigorate the constitution, as to turn aside and overcome the liability to tuberculous disease.

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